HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	Itending physicion.	FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complately filled in by the director	rector, page 3 shauld be detoched for use os the buriol-transit permit. Then please remove carbon papers. Pages frond 2	hould be filed with the Stote Dept. af Health prior to burial, cremation, or removol, ond in ony everty within 72 hours after deoth.
PHYSICIAN: T	e hospital or o	his certificate h	toched for use	Dept. of Health
TAL OR ATTENDING	ige 4 may be retained by the hospital or ottending physicion.	AL DIRECTOR: After th	page 3 shauld be de	e filed with the Stote L
HOSPII	ige 4 m	FUNER	rector,	d bluor

	OLAGI	CERTIFICATE	OI DEATH	1172311
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived,	if institution: Residence before admission)
0	o. COUNTY		o. STATE	b. COUNTY
-	MIDO	MARYLAND	MARULAND	TALBOT
b	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)/	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	
	EASTON	1 week	I At a Zasta	0,1118, 201
d	. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
	MEMARIAI	HOSPITHL		ON A FARM
	MEMORINE		J	YES NO
	NAME OF First	Middle	Lost 4. DATE	Month Doy Year
(	OECEASED (Type or print)  AGNES	O. A.	NDERSON DEATH	5 21 196,
		RRIED T NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	
4	I 1 121.4		6/23/96 lost bi	rthdoy) Months Doys Hours Mi
1	011000	OWED DIVORCED	0/20/10/10	Yrs. 10 28
		10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign cour	ntry) 12. CITIZEN OF WHAT COUNTRY?
JUTH	ing most of working life, even if retired)	SEAMSTRESS	TALBOT COUNTY-MAG	
13	FATHER'S NAME	A LUIS I ILE 00	14. MOTHER'S MAIDEN NAME	ALIMA VISIT
-				
	AMUEL B. SKINNER		HENRIETTA CALLA	HAN
	WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address
(163	s, no, or unknown) (If yes give wor or dotes of service	1218-34-7556 mis	is marie H. Anderson	WASHINGTON, D.C.
	18. CAUSE OF DEATH (Enter only one couse per l			INTERVAL BETWEE
	PART I. DEATH WAS CAUSED BY:		willen & genting	ONSES AND DEATH
	IMMEDIATE CAUSE (o)	lietastatic care	unua y neu in-	( )
	/3 4/X DUE TO			
- 1	Conditions, if ony, which gove ) (b)		-101	
	rise to immediate couse (a), (			
	storing the underlying couse			
	l <u>ost.</u> ) (c)			The Hung Hilliam
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(o) 19. WAS AUTOPSY PERFORMED?
8				YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	20h DESCRIBE HOW INILIRY OCCURRED.	(Enter nature of injury in Port I or Port II of ite	em 18.)
3	OR CONTRIBUTING  CAUSE OF DEATH			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor			r town) (County) (Stote
ME	Hour o.m.	While Not While of work of work	tory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital)		14 leas 1922 to 21	less , 1967 , that (1) (we)
	21. I territy mai (i) (mis nospilai)	diference ine deceased right	t death occurred at 11 p. M. fram	
	saw the deceased alive an 2/	192, 010 1110	death occurred at 11 1 M, Irain	
	22a. SIGNATURE	/	ATTENDING MED. ST	AFF 22b. DATE SIGNED
	Illes m Haves a	m. M.		iys. 1 22 king 67
	22c. PHYSICIAN'S		22d. ADDRESS	
	NAME (Type) I HURSTON	MARRISON	Carry de	on land
230	REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	1 1	1 1 1
	REMOVAL (Specify) MAY 24.196	1 NOODLAWN ME	MORIAL HARK EASTON	TALBOT MD.
24	HAVEAN DIRECTOR	" VOODLAWN ME	MODIAL HARK EASTON  250. REC'D BY REGISTRAR	TALBOT MD,  2SB, REGISTRAR'S SIGNATURE

2 P P 5 (4)

The first of the same of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M S-63

## MARYLAND STATE DEPARTMENT OF HEALTH

<b>DIVISION OF STATIST</b>	ICAL RESEARCH AND	RECORDS, 301	W. PRESTON S	TREET, BALTIMORE	1, MARYLAN
A	CED.	TIELCATE O	E DEATH		O 141

	4				01631
1. PLACE OF DEA	TH		2. USUAL RESIDEN	ICE (Where deceesed lived, If I	nstitution: Residence before edmission
COUNTY	Talbot	MARYLAND	e, STATE	b. COUN	and the same of th
b. CITY OR TOWI	N (if outside corporata limits,			yland (If outsida corporate limits, write	Talbot
writa RURAL a	and giva neerest town)		di citti di totti	(ii vaisida corporare iiiiiis) iiiiie	Rose on give notice form,
	laiborne	40 yrs		iborne	204
d. NAME OF HO	SPITAL OR INSTITUTION (if r	not in hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
-					YES NO NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Yeer
(Type or print)	SAMUE	L CHAPLAN BIT	LLEN	OF DEATH	av 24. 1967
5. SEX		_	DATE OF BIRTH	9. AGE (In yeers	
Wala		. MICHEL AL TECHNICALIED		last birthday)	Months Deys Hours Min.
Male			February 18,		
done during most of	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (Cou	nty & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Ret Engine		Ferry Boat	Anne Arnud	el County, Md.	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Sanue	1 C. Bullen		Susie P	and w	
15. WAS DECEASED	EVER IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY NO.   17.		Address	
(Yes, no, or unkown)	(If yes give wer or detes of serv	vice)			
No		217-16-1511 Mr	s. Bertie S.	Bullen, Claibe	orne, Maryland
18. CAUSE OF	F DEATH [Enter only ona ca	sus per line for (a) un and ().		11 /	INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	UMILIX ALIA	1118/1/12	all lockAlb.	ONSET AND DEATH
144	IMMEDIATE CAUSE (+)	muy / (g)	maya	1 Juganos	wy somey
4301	DUE TO	Une una de.	VII The	1/-16. 8 1/	1 2 1
Conditions, if e	ny, which \ (b) /	Millarel	1/1////	HALL BY	1 Hullen
gave rise to Imm		10	-000	The state of the s	1
(a), steting that couse last.	undariying	-			
	J (c)	ONE CONTRIBUTING TO DEATH OUT ME	OT BELLATED TO THE TERM	DIAL DISTASS CONDITION ON	SALINI DADT II WAS ALITORSY
PARI II. OII	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	DI KELATED TO THE TERM	INAL DISEASE CONDITION GIV	PERFORMED?
PART II. OTI					YES NO
= 20e. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter neture of injury	in Part I or Part II of item 18.)	
	NG CAUSE OF DEATH				
ZOc. TIME OF IN		LOO L INTINION OCCUPAND LOO BLA	CE OF INJURY (Home, far	1.000	10
0	JURY Month, Dey, Yeer	20d. INJURY OCCURRED   20e. PLA		m, 20f. (City or town)	(County) (Stete)
		While Not While fac	tory, street, office bldg., et	c.)	(555)
p.n		While Not While fac		c.)	(555)
p.n	n. 19	at work et work	tory, street, office bldg., et	19 20/1	
21. I certify	n. 19	at work et work at the deceased from	tory, street, office bldg., et	1962, 10. 24 Ha	4, 1962, that (1) (we) la
21. I certify	n. 19 That (I) (this hospital eased alive on 2.C./	at work et work at the deceased from	tory, street, office bldg., et	1962, 10. 24 Ha	(1) (we) la
21. I certify	n. 19 That (I) (this hospital eased alive on 2.C./	at work et work at the deceased from	death occurred at	1962, to 24 Co	19/12, that (I) (we) la and on the date stated above 22b. DATE
21. I certify	n. 19 That (I) (this hospital eased alive on 2.C./	at work et work	death occurred at	1962, 10. 24 Ha	19/12, that (I) (we) la. and on the date stated above
21. I certify saw the doce 22a SIGNATUR	that (I) (Nhis hospital	at work et work	death occurred at	19 67, to 2 9 67 67 67 67 67 67 67 67 67 67 67 67 67	19/12, that (I) (we) last and on the date stated above
21. I certify saw the doce 22a signatur	n. 19  That (I) (this trospital eased alive on 2.4.4.	at work et work	death occurred at ATTENDING PHYS.	19 67, to 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and on the date stated above $6.25$ DATE $6.25$ SIGNE
21. I certify saw the doce 22a/signatur 12c. Physician	that (I) (this trospital pased alive on 2.4.4.	Strended the deceased from and that work, M. D.	death occurred at 3.  ATTENDING PHYS.  22d. ADDRESS  St.	1967, to 24 6	1962, that (I) (we) land on the date stated above 22b. DATE 5-25 691
21. I certify saw the doce 22a signatur 12c. Physician	that (I) (Nais hospital passed alive on 2011)  R. LANE W  ATION, 23b. DATE THEREO	PROTH, M. D.  23c. NAME OF CEMETERY	death occurred at ATTENDING PHYS. 22d. ADDRESS St.	Michaels, Mary	and on the date stated above  22b. DATE  5-25  Land  on or county)  (Stete)
21. I certify saw the doce 22a signatur 22c. PHYSICIAN NAME (Ty  23a. BURIAL, CREM. REMOVAL (Speci	that (I) (Nais hospital eased alive on 2011)  R. LANE W  ATION, 23b. DATE THEREO, May 27, 1	PROTH, M. D.  23c. NAME OF CEMETERY	death occurred at 3  ATTENDING PHYS. 22d. ADDRESS St.  OR CREMATORY	Michaels, Mary  23d. LOCATION (City, tov.)  Baston, Mar	and on the date stated above  22b. DATE  5-25-69  land  on or county) (Stete)  yland
21. I certify saw the doce 22a SIGNATUR 22c. PHYSICIAN NAME (Ty  23a. 8URIAL, CREM. REMOVAL (Speci	that (I) (Nais hospital eased alive on 2011)  R. LANE W  ATION, 23b. DATE THEREO, May 27, 1	PROTH, M. D.  23c. NAME OF CEMETERY	death occurred at 3  ATTENDING PHYS. 22d. ADDRESS St.  OR CREMATORY	Michaels, Mary	and on the date stated above  22b. DATE  5-25-69  land  on or county) (Stete)  yland
21. I certify saw the doce 22a signatur 22c. PHYSICIAN NAME (Ty  23a. BURIAL, CREM. REMOVAL (Speci	that (I) (Nais hospital eased alive on 2011)  R. LANE W  ATION, 23b. DATE THEREO, May 27, 1	PROTH, M. D.  23c. NAME OF CEMETERY	death occurred at 3  ATTENDING PHYS. 22d. ADDRESS St.  OR CREMATORY	MED. on STAFF DIRECTOR PHYS. Mary  23d. LOCATION (City, fow Baston, Mary  C'D BY REGISTRAR 25b. REC	and on the date stated above  22b. DATE  5-25  land  on or county)  (Stete)
21. I certify saw the doce 22a signatur 22c. PHYSICIAN NAME (Ty  23a. BURIAL, CREM. REMOVAL (Speci	that (I) (Nais hospital eased alive on 2011)  R. LANE W  ATION, 23b. DATE THEREO, May 27, 1	PROTH, M. D.  23c. NAME OF CEMETERY	death occurred at 3.  ATTENDING PHYS.  22d. ADDRESS St.  OR CREMATORY  TETY  25b. RE	MED. on STAFF DIRECTOR PHYS. Mary  23d. LOCATION (City, fow Baston, Mary  C'D BY REGISTRAR 25b. REC	and on the date stated above  22b. DATE  5-25  land  (Stete)  yland  SISTRAR'S SIGNATURE

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February 11, 1083 ACTUAL STEWN COLOR

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DEL MICHESTE, Marydumi A. LACT SETT, I. D.

Asy 27, 1967 Importage Constony Constony

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07253	CERTIFICATE	OF DEATH		01232
1	COUNTY TALBOT	MARYLAND	- CTATE	deceosed lived, if institution: Reside	ence before odmissian) ALBOT
	b. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town)	M.D. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	corporote limits, write RURAL ond g	0=1
	d. NAME OF HOSPITAL OR INSTITUTION (If not MEMORIAL	n haspitol, give street oddress)	SI. MICI	HAELS, MD	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) FOUR	ed CH	ANNING	DATE Month OF DEATH MONTH	30 19 6 7
	male white	WIDOWED DIVORCED	8. DATE OF BIRTH 12-02-03	last birthday) Months	
K	Ida. USUAL OCCUPATION (Give kind af wark dane during mast enverking life, even trefired)	10b. KIND OF BUSINESS OR INDUSTRY	NIAGARA F		COUNTRY? S.A.
	FLMER C. CHAN	NING	14. MOTHER'S MAIDEN NAME	LAHMAN	
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or nichown) (If yes give wor ar dates of s	218-01-9524 M	RS. E.C.Chi	NNING, ST.M	
	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Myorardee	of hipa	celion A	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a),	selherosel	rolei	ownery	
	stating the underlying couse   OUE IC	ald.		<i></i>	Lio was Autoney
100210	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture af injury in Port	ar Port II af item 18.)	
10000	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (C	County) (Stote)
	saw the deceased alive and	tal) attended the deceased fram 2 and tha	t death accurred at	55 M, fram causes and an	
	22a-SIGNATURE	self M.	ATTENDING - MED	7 22b.	DATE SIGNED
	22 PHYSICIAN'S TYANG ITYON TO	fredser)	STIME	three mi	of the same of the
	230. BURIAL (REMATION, REMATICAL (Specify) JUN 2	,1967 OLIVET	EMETERY .	23d. LOCATION (City or Town)  ST. MICHAEL  REGISTRAR 25b. REGISTRAR'S	
1	Janusin Exeon	and St. Muchaels.	hed DATEJUN	- 001	Mes Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and directar, page 3 shauld be detached far use as the burial-transit permit. Then please renewal be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in a

VR A15 (4) 20 M 1/66

Page 4 may be retained by the hospital ar attending physician.

completely filled in by the funeral move farbon papers. Pages 1 and the event within 72 haurs after death

THE STREET STREET STREET The second of th 

CERTIFICATION

#### RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Telbot Talbot MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Washington St., EASTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address a. IS RESIDENCE d. STREET ADDRESS ON A FARM? PINES-EASTON. MD. Easton. Maryland YES TO NOT NAME OF Month Day DECEASED OF (Type or print) 1967 Rdne DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours WIDOWED X DIVORCED T 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or, unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: elonephinli & weeks IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediata causa DUE TO (e), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not Whila Hour a.m. at work at work n m 21. I certify that (I) (this hospital) attended the deceased from Luly 9 may ..... 196 / that (1) (we) last saw the deceased alive on ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS P.O. Box 929, Easton, Md. NAME (Type) Stephen P. Carney, M.D.

22c. HYSICIAN'S

24 FUNERAL DIRECTOR'S SIGNATURE

236. BURIAL CREMATION, 236. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county)

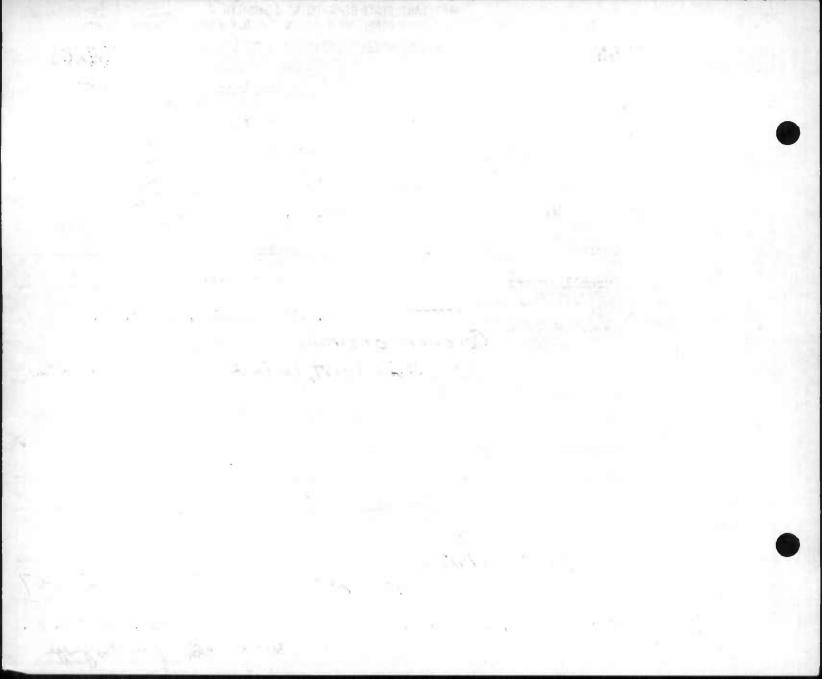
(State)

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COLUMN TWO IS time penal Description of the second Syn. 280. 280 S. THE LEADING St., COURSE ENTER PERIES PAR DON, NO. - CLASSELL, MANYES ALL S distill 288 C-CI-S TIME NOT THE WAR TO SELECT SECOND ATTREE TENENTS THAT THE WAR TO SERVER A WILLIAM OF THE Categoren L. Crimor, N.D. .... H.O. Son 929, Carton, M. THE STAND THE STAND OF THE STAN

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOI	CTATE		OMOFF	MEDI	CAL EXAMINER	CEPTIE	ICATE O	E DEATH			
FUI	R STATE		07255	MLDI	CAL LAAMINEN					-072	34
HEAL			COUNTY -			2. USUAL o. STA		Where deceosed lived,	b. COUNTY	Residence before	e odmission)
y is	M3. Page rtment of er deam.		101601		MARYLAND		Mary	land		Caroli	
delay	3. Pa nent dea		<ul> <li>CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)</li> </ul>		c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (If ou	itside corporote limits	write RURAL	ond give neore:	t town)
p b	PM3. artme		Enston		DO.H.		Dent	/on		05:2	
00	0.0		NAME OF HOSPITAL OR INSTITUTION (If not	in hospitol, giv	ve street oddress)	d. STREET	ADDRESS				e. IS RESIDENCE ON A FARM?
n. If	farm fe De ours		Memorial the	spita	/	RI	FB #1				YES NO
ter death. B	with fr	3.	VAME OF Firs	1	Middle	A lo	ost	4. DATE OF	Month	Doy	Year
r d	\$ ( ± .s		Type or print) = ana		L. 1	ollin		DEATH	5	es 2	1967
*aprox		S.	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF		9. AGE (I		UNDER 1 YEAR onths Doys	Hours Min.
-	2 v		r v	WIDOWED [	DIVORCED		28, 189	69		Ollins Doys	TIOUTS WIIIT.
haurs Item 1	Office land2 event		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)		D OF BUSINESS OR USTRY	11. BIRT	THPLACE (Stote	or foreign country)		12. CITIZEN OF COUNTRY?	
4 0	v v >		Housework	1110	Home		Marylar			USA	
Ē Ē.	niner's pages in any	13.	FATHER'S NAME			14. MOTH	IER'S MAIDEN I	NAME			
within	Exam File pand i		Purnell Towers				Jenni	e Todd			
eq.	E = E		WAS DECEASED EVER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	7. INFORMANT	7		Address		
executed inding" in	Medical permit. moval,	(,,	No	- '		T. S	Sidney	Collins,	Denton	. Md.	
end			18. CAUSE OF DEATH (Enter only one cous PART I. OEATH WAS CAUSEO BY:			/				INT	ERVAL BETWEEN SET AND DEATH
D. D.	hief ansi or		IMMEDIATE CAUSE (	O) COV	onarybe	eldsin.	2			ON	SEL AND DEATH
shauld e ward	a the Chief I burial-transit matian, or re		4201 DUE 1	0 000	i - 1	reart	-651	. 0		In.	nother
e sho	id ta the C a burial-tr crematian,		Conditions, if ony, which gove rise to immediate couse (o),	b)	it has not a	rour 1	Jusin			110	M) les
	d to		stoting the underlying couse DUE	0	7		/				
certificate writing th	arde J as ial, (		last.	()						110	IMAC ALITORCY
	farwarded ta used as a bu i burial, cremo	NO	PART II. OTHER SIGNIFICANT CONDITIONS CO	NIRIBUTING TO	DEATH BUT NOT RELATED	O THE TERMINA	AL DISEASE CON	NDITION GIVEN IN PAI	(T I(o)	19.	WAS AUTOPSY PERFORMED?
This icate,	be to	R	20o. EXTERNAL CAUSE WAS	1 001 0554	COLORS WALLEY OF THE	70 /5		Date Date Co	101	Y	ES NO
*****	should be files. 3 should l	CERTIFICATION	PRIMARY ☐ or CONTRIBUTING ☐	20b. DESC	TRIBE HOW INJURY OCCURR	ED. (Enter notur	e or injury in	Port I or Port II of ite	em TB.)		
KER Cer	should files. 3 should nt, pria		CAUSE OF DEATH.	204 [N]	URY OCCURRED 20e.	PLACE OF INJUR	W /Uoma farm	n.   20f. (City o	town)	(County)	(\$404=)
AL EXAMINER: execute the cert		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m.	While	Not While	foctory, street, o			r town)	(County)	(Stote)
XA	yaur Yaur Page d age	-	p.m. 19	ot work		1 11 1					
VI E	Po Po Se		21. I certify that I took charge		-			Inspection 🔀			l in my opinian
-	directar. etained DIRECTO		death resulted from: Noturo	couses	, Accident [], S	uicide 🔲,	Homicide		nined manr	ner	
MED! please	directar retained <b>DIRECT</b> ts design		ACTUAL X BEST	( ) Na	11		CHIEF MEDICAL				22. DATE SIGNED
Barrier .			SIGNATURE // WWW.	() I VIC	vag		/	ICAL EXAMINER L		_	-, -7
DEPUTY cessary,	may be FUNERAL		EXAMINER'S NAME (Type)		MELI	1-12(1 1)		, city, town, or count	v)	J	-7-6/
	the funeral 5 may be TO FUNERAL Health ar i	230	BURIAL CREMATION. 23b. DATE THE	REOF	23c. NAME OF CEMETERY			23d. LOCATION		(County	) (Stote)
10	= ~ 5 =		REMOVAL (Specify) Burial May 5.		Hill Crest	Cemete	erv	Federal	sburg.	, ,	ne. Md.
	KII	24	FUNERAL DIRECTOR		ADDRESS	301.10		BY REGISTRAR	25b. REGIST	RAR'S SIGNATUI	RE
	VR A15MF (5)	1	L . // I	. / 1	I 1 11	- /	I MANY	0 4007	11/7/	(1	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

> VR AIS (4) 20M 1/65

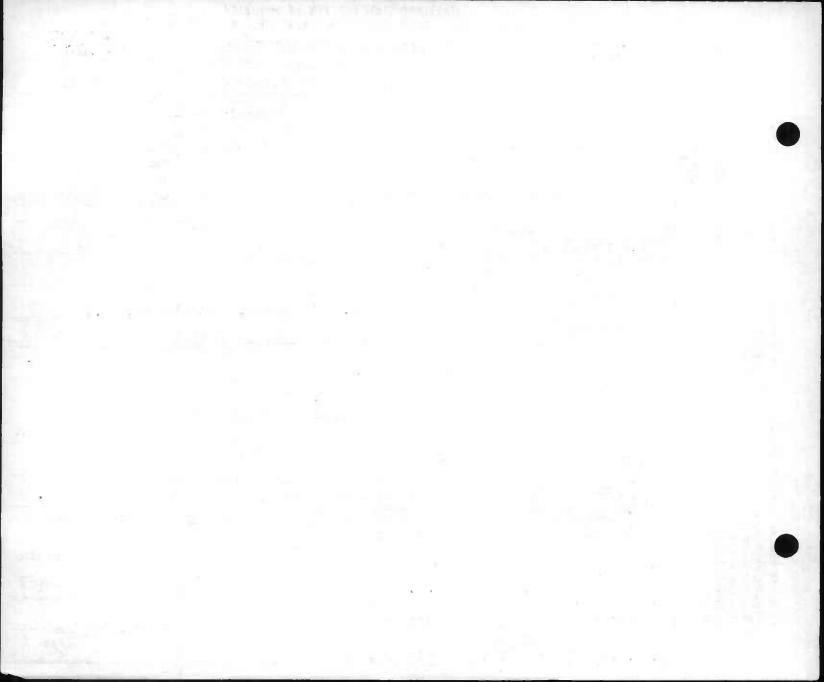
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	07256			CERTIFICAT	E OF DEATH		07	235	/
1.	PLACE OF DEATI	H			2. USUAL RESIDENCE	(Where deceased liv		tesidence before	admission)
	u. 000HTT	(Albol		MARYLANO	PUNTATE U	Phan	b. COUNTY	JROL-	PVIE
	b. CITY OR TOW	N (if outside corporate I and give nearest town)	imits,   c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (II o	outside corporate i	Imits, write RURAL	and give near	est town)
	EA	( -T () 1/	nD		*	K D OG	EL4	15-	
-	d. NAME OF HOS	SPITAL OR INSTITUTION (	if not in hospital,	, give street address	d. STREET AOORESS	7		e. IS RI	SIOENCE
	MEI	MORIAL	HOSP	TAL				YES [	FARM?
3.	NAME OF DECEASED (Type or print)	CALVI	N C	Middle	COVINGTON	4. DATE DF DEATH	Month	う	ear 67
5.	SEX	6. COLOR OR RACE 7.	MARRIEO NI	EVER MARRIEO	8. OATE OF BIRTH	9. AGE (I	n years   IFUNDER		
1	male-	white	WIDOWED	OIVORCED 🔲	Feb 22, 90	14 63	yrs. Months	Oays Hour	s   Min.
10 du	a. USUAL OCCUPAT ring most of work	ION (Give kind of work don ing life, even if retired)	INDUSTR	11111 11934	11. BIRTHPLACE (COL	inty & State, or foreig	n country)   12. C	TIZEN OF WHA	AT
13	B. FATHER'S NAM	IF	10872	s there I you	14. MOTHER'S MAIDE	NAME	)   1	815	
1	+ENBY	COVER	SETO	N	LILLE	ANE	RE	ED	1
		EVER IN U.S. ARMEO FORCI (If yes give war or dates of ser		SECURITYNO. 17.	Mrs Color	- ami	Address	idode	The
	18. CAUSE OF	DEATH [Enter only one ca	ause per ine for	(a), (b), and (c).]	1		A	INTERVAL B	TWEEN
		EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pula	un n	1. hely	(		ONSET AND	DEATH
	465 X	DUE TO	N	1	11 1				
	Cenditions, If	any, which \ (b)	(evel	val I	lumbors	ies		3.15	
	gave rise to cause (a), st	Immediate (							-
	underlying caus							- 154	
CERTIFICATION	PART II. OTHER S		CONTRIBUTING	O DEATH BUT NOT REL	ATED TO THE TERMINAL DI	SEASE CONDITION	GIVEN IN PART 1(a)		NO [
CERTIF	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINER	20b. DESCRI	BE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or	Part II of Item 18.	)	
CAL		INJURY Month, Day, Yea	r   20d. INJURY		ACE OF INJURY (Home, far	m, 20f. (City or	town) (Cou	nty)	(State)
MEDICAL	Hour a.m			t While	ory, street, office bldg., etc	5.)			
	-	y that (i) (bis hospita	attended the		, 19			, that (i)	
		ceased alive on	wegi	19, and the	at death occurred at	M, from the			d above.
	22a. SIGNATUR	" Ollike	the	-X M.		ED. STA	FF HOLL	ATE SIGNED	7
,	22c. PHYSICIA NAME (T)		4 51	4 midt	22d. ADDRESS	ston,	Ma		
28	a. BURIAL, CREM		REOF 23c.	NAME OF CEMETER	Y OR CREMATORY	23d LOCATION	(City, town or cou	inty)	State)
X	FUNERAL OLRE	c may 6,	16/1	ADDRESS	field	1 3 mere	vella	1 (a	r
1	. FUNERAL URE	0 9/1	20 de Son	ADDRESS	DAY AY	1 1 1967	25b. REGISTRAR		
-	11/1	911 11101	n Till.	- I en	DAIE.	T 100/	1	2 June	

Carlotte of annual electron by the land AND THE PROPERTY OF THE PROPER CHEST I WHELLEY LOT - THEN E YELES H The training of the contract o AND THE REPORT OF THE PROPERTY OF THE PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR S	TATE		07257		MEDICA	L EXAMINE	R'S	CERTIFICATE OF	DEATH	0	7236
HEALTH	DEPT.	1. 1	PLACE OF DEATH					2. USUAL RESIDENCE (Wh	ere deceased lived,		ence before admission) /
ay is 3 ta Page	0 =	(	. COUNTY Talbot			MARYLA	ND	o. STATE Maryl	and	b. COUNTY	Caroline
delay and 3 A3. Pa			. CITY OR TOWN (If outside corp	orote limits,	C.	LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If outs			ive nearest town)
any dela , 2, ond 3 n PM3. P	ter		write RURAL and give nearest	tawn)		DOA		Feder	alsburg -	- Rural	05.7
Off. 2,	epo aft	-	I. NAME OF HOSPITAL OR INSTITU	TION (If nat in ha	spital, give :	street address)		d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
If is 1	te De		Memorial H	lospital				Smith	ville Roa	ad	YES R NO
after death. 3. Give Page alang with f	3/2	1	NAME OF DECEASED Type ar print)	Davice		Middle		Dauson	4. DATE OF DEATH	Month	Day Year 18 19 67
s after 18. Giv alang	with the within		EX 6. COLOR OF	RACE 7. MA	ARRIED _	NEVER MARRIED   DIVORCED		DATE OF BIRTH	9. AGE (In last bir		R I YEAR   IF UNDER 24 HRS.
24 haurs after death. If in Item 18. Give Pages 1, r's Office along with farm	pages land2 v in any event	10a. duri	USUAL OCCUPATION (Give kind af na mast af warking life, even if reti School Student	wark dane red)	INDUST	of Business or RY C School		11. BIRTHPLACE (State a	fareign country)	12.	CITIZEN OF WHAT COUNTRY? USA
n 2 il ir	an		FATHER'S NAME		1 4011	C Delloor		14. MOTHER'S MAIDEN NA	ME	1	
within pencil xamine	od in		JOHA	1 07	15	Dawson		Blan	che 6	Wharl	en
in p	File	15.	WAS DECEASED EVER IN U.S. ARME	D FORCES?		AL SECURITY NO.	17. II	NFORMANT		Address	
be executed "pending" in iief Medical E	permit. :moval,	(Ye	s, na, ar unknown) (If yes give wo	r or dates at servic		one	J.	Otis Dawson	. Federal	sburg. M	d. RFD
e execute pending" ef Medical	per		1B. CAUSE OF DEATH (Enter or	ly ane cause per	line for (a)	(b) and (c))					INTERVAL BETWEEN
be 'pe	insit		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (g) 11 8	assi v	e Intra	cra	nial Damag	e with:	Interna	1 ONSET AND DEATH
shauld se word a the Ch	buriol-transit matian, ar re		8124 Canditions, if any, which gave	DUE TO		t@ernal	m 4				minutes
INER: This certificate shauld be executed within 24 haurs after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm	as a I, cre		rise ta immediate cause (a), stating the underlying cause last.	DUE TO	-	ure of					minutes
e, writ farwar		ATION	PART II. OTHER SIGNIFICANT COI								19. WAS AUTOPSY PERFORMED? YES NO
ER: This certificate, auld be fa	ould prior	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMAR ☐ ar CONTRIBUTING ☐ CAUSE OF DEATH.	]	206. DESCRI	BE HOW INJURY OCCU	irred. (	Enter nature of injury in Pot COLOR	ing aut	o <b>n</b> obile	
	our tiles age 3 sh agent,	MEDICAL	3:50 p.m. 5/18		20d. INJUR While of wark		oe. PLAC	E OF INJURY (Hame, farm, ry, street, office bldg., etc.)	20f. (City or denalsb	u <b>bg</b> Car	County) (State)
L EXA cecute Page	F. P. Ped		21. I certify that later				ve, hel	d an Autopsy ,	Inspection 🛣,	Inquiry 🛣	, and in my opinion
MEDICAL olease exe director. F	ained tar y IRECTOR: Po designated		death resulted from:	Natural cau	ses 🗸	Accident 🔀,	Suici	de 🔲, Hamicide [	, Undeterm	ined manner	
MED. lease directo	aine IREC desi		ACTUAL	(5	11			CHIEF MEDICAL E	XAMINER		OO DATE SIGNED
Pe Pe	its its		SIGNATURE	W	) U	www		m.v.	AL EXAMINER		22. DATE SIGNED
O DEPUTY MEDICA necessary, please ex the funeral director.	A A		EXAMINER'S harold	B.Plum					city, tawn, ar caunty		n 5/19/67
D D	Fundy For Fundith	230	B # 14 B 1 4 1 1 1 1	. DATE THEREOF		3c. NAME OF CEMETE			23d. LOCATION (C	Lity or Town)m	(County) (State)
T	D. J. D.			ay 21,19	67	Hill Cres	t Ce		Federa	1 Shure 2Sb. REGISTRAR'S	Maryland
1/0	ALEME IE BU	24	FUNERAL PRECTOR Fan	pten /L.		ADDRESS				2Sb. REGISTRAR'S	SIGNATURE
VR	A15ME (5) W	J	. J. Framptom	and Son;	Fede	ralsburg,	Ma:	ryland DATHIN	1 1967	Julian	00



DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

07237 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

07277

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

•	CENTILICAT	LOID	LAIII				
				lived, if institution:			
	o. STATE D	elawa	are	b. COUNTY	New	Cas	stle

	001000								
1.	PLACE OF DEATH		2. USUAL RESIDENCE	,	d lived, if institut	ion: Residen	ce before	odmission	n) /
	o. COUNTY /Albot	MARYLAND	o. STATE De:	laware	b. Cour	New New	Ca	stle	3
		NGTH OF STAY IN 15	c. CITY OR TOWN (If	outside corporate	limits, write RUI	RAL ond give	e neorest	town)	
	write RURAL and give nearest town		Cl	aymont	,		4	46.3	3
$\vdash$	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre	et oddress)	d. STREET ADDRESS			•	6	ON A FA	ENCE
	Metrorial		26:	11 Line	coln	ve.	У		NO E
3.	NAME OF First	_ Middle	Lost	4. DATE	assu Mont	th	Doy	Уеа	r
	OECEASED (Type or print) Mus. 1050 6	De Loope	N	OF DEATH	<	5	1-	7- 196	7
S.			8. DATE OF BIRTH	9.	AGE (In years	IF UNDER		IF UNDER	
ji	emale White WIDOWED	DIVORCED 🔲	7-25-188	4	lost birthdoy) 82 yrs.	Months	Doys	Hours	Min.
1De	b. USUAL OCCUPATION (Give kind of work done   1Db. KIND OF 8		11. BIRTHPLACE (Sto	te or foreign cou	ntry)	12. CIT	TIZEN OF	WHAT	
du	ring most of working life, even if retired) INDUSTRY		Birmha	minghai	n Eng.	U.	UNTRY?	A.	
-	. FATHER'S NAME		14. MOTHER'S MAIDE						
	. Harry Clow	es.	Elizal	eth Fr	rekelto	n			
15	WAS DECEASED EVEN IN ILS ARMED EDROES? LIA SOCIAL		INFORMANT		Claymo		Del		
( )	es, no or unknown) (If yes give wor or dotes of service)	07 1571 D	Fric R. 1	Forton	2611	linco	ln	Ave.	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b),						INTE	RVAL BETY	WEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute:		Edema du	ie to c	hronic	;	2h51	ET AND DE	AIH
	1 /4 700 NUE TO						1		
	Conditions, if ony, which gove	ive heart	rai lure	Irom A	irte n.o	SICE	EL-		
	rise to immediate couse (o), stating the underlying couse DUE TOO tic he	art disea	se with t	yperte	ension		0.		
	lost. (c)						-	10-1	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEASE (	CONDITION GIVEN	IN PART I(o)		19."	WAS AUTO PERFORME	PSY D?
CERTIFICATION	? Hiatus "ernia						YE		NO X
E	2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE PRIMARY ☐ or CONTRIBUTING ☐	HOW INJURY OCCURRED.	(Enter noture of injury	in Port I or Port	II of item 18.)				
	CAUSE OF DEATH.								
MEDICAL	2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY C		ACE OF INJURY (Home, for		(City or town)	(Cor	unty)	(5	Stote)
ME	Hour o.m. 19 While of work	Not While of work	iory, street, office blug., e						
	21. I certify that I took charge of the remains	described obove, he	eld an Autopsy 🗌	, Inspectio	n 🔀 , Inqi	uiry 🔀 ,	and	in my o	opinio
	deoth resulted from: Notural causes X.	Accident [ ], Suit	cide 🔲 , Ham <del>i</del> ci	de 🔲, Un	determined m	onner [	]		
	RIA BLO		CHIEF MEDIC	AL EXAMINER				0 0175	CICNER
	SIGNATURE Org OTEMAN	^	M.D.	MEDICAL EXAMINE		=/	17/8	2. DATE S	SIGNED
	EXAMINER'S Harold B.Plumme	0 10 TO		DICAL EXAMINER		2/	TILC	) (	
	(1)			eet, city, town, c			16	10.	
23	PEMOVAL (Specify)	NAME OF CEMETERY OR			ATION (City or To	,	(County)		tote)
L.		Gracelwwi ADDRESS -	n Memoria 2So. RI	TO BY PEGICION	New Ca	stle EGISTRAR'S S	IGNATUR	1	
1 /	4 FUNERAL DIRECTOR?	WUNVEDD -	23U. KI	PER DI VEGIDIVI	630. N	TOTAL DELICATION OF T	WALLELLING W	-	

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Del

VR A15ME (5) 6M 1/66

be retained for your files.

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the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MESTAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

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dolp to twinding ture occurs of

MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH S. 301 W. PRESTON STREET, BALTIMORE 1	. MARYLAND
07258tem #2 see Birth CerGERTIFICAT	E OF DEATH	7238
PLACE OF DEATH  3. COUNTY  TAIBOT  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution a. STATE b. COUNTY Maryland	n: Residence before admission) Caroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  AD  AR-30 Min	c. CITY OR TOWN (If outside corporate limits, write RU Ridgely	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  R.F.D.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Baka BOV "Middle	DVOTT GEATH S	Day Year 2 1967
SEX 6. COLOROR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED		DER 1 YEAR IF UNDER 24 HRS. hs   Days   Hours   Min.
Da. USUAL OCCUPATION (Give kind of work done aring most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME  SAMUEL LEE DYOT  5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	14. MOTHER'S MAIDEN NAME  CYN THIA CALOL  INFORMANT  Address	BisHott
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service)	INFORMAM Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	turity	INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  (c)	Onset Labor	Hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item	18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bidg., etc.)	(County) (State)
21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 1962, and that	at death occurred at 63 M, from the causes and o	962, that (I)(we) last on the date stated above.
22a. SIGNATURE Rechard Fyson M.	D. ATTENDING MED. STAFF DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type) RICHARD TYSON	EASTON Md	21601
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' PEMOVAL (Specify)	LY ROOGELY	& MO.
A. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGIST MAONTE 1 1967 Acliantes	RAR'S SIGNATURE

VR AI5 (4) 20M 1/65

March Lead of the And American 1981 of the Manager of the Control of

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07253	CERTIFICATE	OF DEATH	0	7239
1. PLACE OF DEATH O. COUNTY TAILBOT	MARYLAND	MARYLAN		OLINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	HILLSBOR	ide corporote limits, write RURAL one	05-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	Spital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	m Brown	EATON	4. DATE Month OF DEATH  5	Doy Year 19 19 67
S. SEX 6. COLOR OR RACE 7. MA Male White WID	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	/ Sot birthdoy) Mon	5 20
during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HARDWARE	11. BIRTHPLACE (County 8:	ONTY MARYLAND	12. CITIZEN OF WHAT COUNTRY?
CACOLOGIC III	TON		MA BROWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service	16. SOCIAL SECURITY NO. 17. 216-03-7436 MR	INFORMANT S.W.BROWNEAT	TON, SR. HILLS B	, QM, 080x
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse DUE TO	line tos (o), (b) and (c).)	ial infacts	~	INTERVAL BETWEEN ONSEY AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19	While of work of work of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or fown)	(County) (Stote)
21. I certify that (I) (this haspital) saw the deceased alive an	attended the deceased fram_ 1967, and the	it death occurred at_	50 M, fram causes and	
220. SIGNATURE / Reus for Harrisa	M.	.D. PHYS.	MED. STAFF 22	26. DATE SIGNED 22 Key 67
22c. PHYSICIAN'S NAME (Type) AMURSTON HA		22d. ADDRESS	in bay land	
230 BURIAL CREMATION, REMOVAD (Specify) 23b. DATE THEREOF		CEMETERY		(County) (Stote)
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D		AR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 orders should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours after death Poge 4 may be retained by the hospitol or attending physicion. VR A15 (4) 25M 1/67

hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

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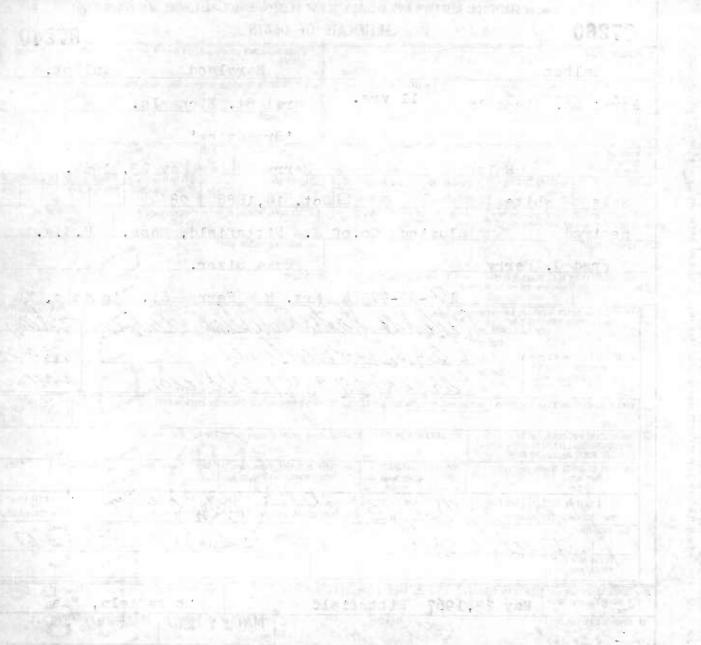
#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07260			CERTIF	ICATE	OF DE	ATH				07	240
1.	PLACE OF DEATH					2. USUAL RI	ESIDENCE (\	Where deceos	ed lived, if in	stitution: Resid	ence before	e odmission)
	o. COUNTY TO I	bot		44400	VI AND	o. STATE		_	b.	COLINTY		
-					YLAND	CITY OD T		yland	_		lbot	
		If outside corporate limit d give negrest town)	rs,	c. LENGTH OF STAY I			,			e RURAL ond g	ive neorest	r town)
3	Rural S	t. Michae	els	11 yrs	•			. Mic	chaels		2	2.1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol, gi	ve street address)		d. STREET A	DDRESS					ON A FARM?
					ľ	· B	haor	view'			,	YES NO
3	NAME OF	F	irst	Middle		Lost	2 000	4. DATE		Month	Doy	Year
	DECEASED		l ph	M		_	**	OF	More		-	19
S.	(Type or print)					Perr	<u> </u>		May 2		RIYEAR	IF UNDER 24 HRS.
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED				4240 3	lost birthdo			Hours Min.
	Male	White	WIDOWED [	DIVORCED		ct. 1			1	rs.		
	ing most of working	I (Give kind of work done life, even if retired)	IND	D OF BUSINESS OR USTRY					reign countrγ)		CITIZEN OF	WHAT
10	Retire	α	Alun	ninum Co	. OI .				. Mas	S.	U.S.	A.
13.	FATHER'S NAME					14. MOTHER	5 MAIDEN I	NAME				
	Fred	G. Ferry	V			Em	ma S	izer.				
		R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. IN	FORMANT				Address		
(16	es, no, or unknown)	(If yes give wor or dotes		-09-973	60 .	Mac	D M	Form	St.	Mich	00]	WA
-	10 CAUSE OF D	EATH (Enter only one co		a) (b), ond (c).)	1111	/	1		110	MIGH		RVAL SPIWEEN
		TH WAS CAUSED BY:	ose belief	distribution (c).	Hail	2 11	701	Vicali	141.	dei.	- GNS	SEL AND DEATH
		IMMEDIATE CAUSE	(o)	Wan A	tuni	10 4	UM	CHA	LALLA	Me	15	augy
	151	/ '	10	101		4 - 4 - 4	100				11	
	Conditions, if ony		(b) [1	4/1/10	1711	rell	OHA	1			1/1	man.
	rise to immediat stating the unde		TO /	0001,		/	1/2				6	
	last.	Tring coose	(0/1/s	Alun	MA	141	1000	Ich	W		11/2	nen
H	DAPT II OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT PEL	ATED TO T	HE TERMINAL	DISEASE COL	NDITION GIVE	N IN PART 1/	2)	119.	WAS AUTOPSY
ON	PART II. OTHER SI	OHITICANT CONDITIONS	CONTRIDUTINO TO	DEATH BOT NOT KEE	.AILD 10 11	Ligitive	DISEASE COI	NOTITION OF	an in i and i di	"		WAS AUTOPSY PERFORMED?
B						V					YE	S NO
CERTIFICATION	20o. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH	205. DES	CRIBE HOW INJURY O	CCURRED. (	Enter noture o	of injury in	Port I or Por	t II of item 18	1.)		
		MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJ	JRY Month, Doy, Yeor	20d. IN.	IURY OCCURRED		E OF INJURY			(City or tow	n) (i	County)	(Stote)
MED	Hour o.	10	While	Not While	focto	ry, street, offic	e bldg., etc.	.)		11		
Ä	p.i	1),	ot work		1 7	Mr. M	//	10/. /	751	111/- 11	1/1/4	-4 (1) () 1
		y that (I) (this ha	spital) ottena	ed the deceased	trom	OIL			0/2/			at (I) (we) las
		ecepsed)alive an_	6/TUM	4 101.	ana mar	death occ	urrea ar	Tivage	n, tram cau			e stated abave
	220. SIGNATURE	La 1	1.111	501	_	ATTENDIN	G —	MED_	STAFF	22b.	DATE SIGN	ED
	//	MIMI	K/M	100	M.D	. PHYS.		DIRECTOR	PHYS.	12	-23	-6/
	22c. PHYSICIAN'S	Local C				22d. AD	DRESS			100	- 4	
n.	NAME (Type	)						TLA				
230	RIIDIAI COFMATIA	ON. 23b. DATE TH	HER FOE	23c. NAME OF CEMI	FTERY OF C	REMATORY		23d 10	CATION (City	or Town)	(County)	(Stote)
200	BURIAL, REMATI	May 2	23,196	Pitts						field,		
		riay i	7,170		1161	u	04 4 4.24	D ON DECISION				
24	. EUNERAL DIRECTO	N /		ADDRESS	7-1		ZIVI ALL	D ST HEGIST	967 25	REGISTRAR"	SIGNATUR	del
1	Pelus 6	nel	(00	colon,	116		DATE		0		0	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the bracal director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, or remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- 22			CERUT		CEKII	FICATE	OF DEATH			072	41
death and death			PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased li	ved, if institution	: Residence befare	admissian)
er deat funera l and er dea		(	. COUNTY	9/207	MAI	RYLAND	a. STATE MAD	VIDAID	b. COUNTY	SuceN	ANNE
naurs after by the fu s. Pages I hours afte		-	. CITY OR TOWN (If ou	tside carparate limits,			c. CITY DR TDWN (If o	outside corparate li	nits write RURAL	and give negrest	town)
Pag Urs			Write RURAL and give				China	ch Hil	P. M.O	, , , ,	2
hau in b irs. 2 hou		H			in haspital, give street address)	-	d. STREET ADDRESS	(20 144	/	1 6	IS RESIDENCE
n 24 ha illed in I papers. iin 72 ha	78	<b>—</b> `	mEm	Dial	MACDITA	/		62.			ON A FARM?
vithin 24 haurs after ly filled in by the fur an papers. Pages 1 within 72 hours after	10	-	111111111	KING	71001117						YES NO X
ed withing the factor of the carban ent, with			NAME OF DECEASED	Car	Middle	_	Last	4. DATE OF	Manth	Day	Year
e executed with	(TO	_	Type ar print)	SUR	HII C	7	Roming	DEATH	5	F UNDER 1 YEAR	196 IF UNDER 24 HRS.
5 6 5 6		S. :	1 1	COLOR OR RACE	7. MARRIED NEVER MARRI	므	. DATE OF BIRTH	9. AG		Manths Days	Haurs Min.
e execut	1		lemate 1	valle	WIDOWED DIVORC	ED [	3-14-0	7 8	3 yrs.		
a per		10a. duri	USUAL OCCUPATION (Gi	ve kind at wark dane even if retired)	10b. KIND DF BUSINESS DR INDUSTRY		11. BIRTHPLACE (Count	. /	cauntry)	12. CITIZEN OF COUNTRY?	WHAT
icate b			ng mast af warking life, HOUSE N	IFE	X X		MAR	YLAND			USH
ifice of your day		13.	FATHER'S NAME	- 0			14. MOTHER'S MAIDEN		Tai		
th certifi ding phy . Then remova	22		KoBer	I Den	JARD		MARGA	Rel	FRAM	JK	
e death certificate b attending physician ermit. Then please an, ar removal, and		15.	WAS DECEASED EVER IN s, na, ar unknawn) (If y	U.S ARMED FORCES?	16. SOCIAL SECURITY NO.		NFORMANT	0	Address	- //	* M.
attendi permit. ian, ar r		110	, na, at bilknawn) (ii )	es give wai ai acies ai	36171.07	MA	S. HLTONO	DOOT	-CHUR	CH HI	LL M.
£					e per line for (a), (b), and (c).)		- 1			INTE	RVAL BETWEEN
ot h			PART I. DEATH V	AS CAUSED BY: IMMEDIATE CAUSE (	a) Aubarach	nai	d Kenn	mlieze		ONS	ET AND DEATH
WITT T			330X	DUE 1	. –			0			
equires that the physician. signed by the burial-tronsit burial, cremat			Canditians, if any, wh	ich gave ) (	b)			70.07			
<b>a</b>			rise to immediate co		10						
e law r tending is been as the priar to	10		last.		(c)		3/25		195		
e law tendin as bee as th priar t		7	PART II. OTHER SIGNIF	ICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN IN	PART 1(a)	19.	WAS AUTOPSY PERFORMED?
r att e ha use uth p	2	CERTIFICATION		911, 100							S NO
IAN: That of all or all ficate he far use Health		JFIC.	20a. ACCIDENT WAS UN	DERLYING	205. DESCRIBE HOW INJURY	OCCURRED. (	Enter nature of injury in	Part I ar Part II o	if item 18.)		
=======================================			OR CONTRIBUTING (IF EITHER, NOTIFY MED								
G PHYSIC the haspi this certi detached ie Dept. o		MEDICAL	20c. TIME OF INJURY		20d. INJURY OCCURRED	20e. PLAC	E OF INJURY (Hame, far	m, 20f. (Ci	ty ar tawn)	(Caunty)	(State)
the thing det		WED	Haur a.m. p.m.	19	While Nat While at work	facto	ry, street, affice bldg., etc	:.)	66.		
by the ha fter this ca be detach State Dept						d fram	5-5	1967 to	5-5	1967 th	at (I) (wed last
ENG Pied Wild			saw the dece		5-5 1967	and that	death accurred a	1 3-30 M. fr	am causes ar	nd an the date	e stated above.
tair tair sho			22a. SIGNATURE	100				1		22b. DATE SIGNI	
be retained birth			0/1/	1 Com	nd	M.D	ATTENDING PHYS.	MED.	STAFF PHYS.	5- 9	-67
TAL OI nay be AL DIR page e filed	THE		22c. PHYSICIAN'S	. P. Carn	07	M. D		n, Maryla	nd	5/8/67	-
RAI Pe	1		NAME (Type)	, a oat n		LIO D	132.5 001	i, har y la	ind	וטוטונ	
Page 4 may by FTO FUNERAL Didirector, page should be file	0	23a	BURIAL, CREMATION,	23b. DATE THE	REOF 23c. NAME OF CEA	METERY OR C	REMATORY .	23d. LOCATI	ON (City ar Tawn	(County)	(State)
Pag dire	V		REMOVAL (Specify)	MA	48 CHURC	H	HILL	CHUK	CH H	ILL N	1ARYLAND
	M	24	FUNERAL DIRECTOR	CH	ADDRESS	1 1	2Sq. RSQ	D BY REGISTRAR	2Sb. REGI	STRAR'S SIGNATUR	E /
VR A15 (4) 20 M 1/66	(1)	6	Gar L.	dans	Church Hill	2/m	d DATE	11110	M Ha	carles fo	edge

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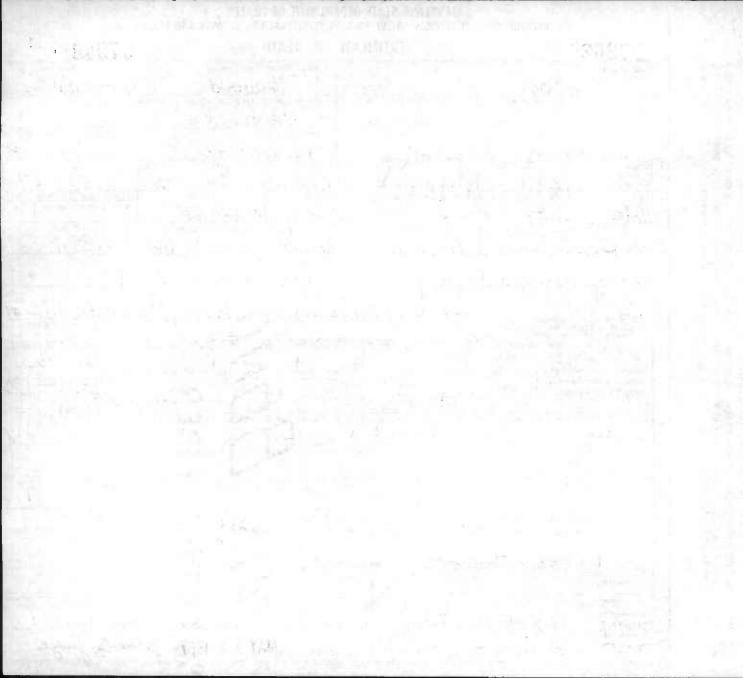
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07262	CERTIFICATE	OF DEATH	07	242
1	PLACE OF DEATH O. COUNTY  A   Dot	MARYLAND	2. USUAL RESIDENCE (Where a. STATE MARY A	deceased lived, if institution: Res	idence before admission
	b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)	3 WEEKS	c. CITY OR TOWN (If ourside	corporate limits, write RURAL and	give neorest town)
3	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hosp	(_ 1	d. STREET ADDRESS	AUR	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) RQ	Aymond F	REENY	DATE Manth OF DEATH 5	Doy Year 15 1967
	MALE White WIDO	OWED DIVORCED	DATE OF BIRTH UNE 22, 1898	3 68 yrs. Month	
d	ring mast at working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote Pottsville, Wicon		COUNTRY? A.
	JAMES RICHARD F	REENY	14. MOTHER'S MAIDEN NAME  MARTHA  FORMANT	Eller Truitt	
	Yes, no, or unknawn) ((If yes give war ar dates af service)	214-03-1473 MA	BERNICE H.	FREENY CENTRE	eville, MJ, 21 cm
	18. CAUSE OF DEATH (Enter only one couse per line part 1. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (o)  DUE TO	ne for (o), (b), ond (c).	ive Sact	eremia	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause	linary tr	act info	tion	Uncertain
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU	Postructive w	repathy d	n GIVEN IN PART 1(0)	19. WAS AUTOPSY
CATION	arteriosclerate	1 0 1 1	Loaba	W ONLIN W YAKE 1(0)	PERFORMED? YES NO
V CEPTIEICATION		0b. DESCRIBE HOW INJURY OCCURRED. (E		ar Port II af item 18.)	
MEDICAL	p.m. 19 c	While Not While foctor	OF INJURY (Hame, form, y, street, office bldg., etc.)		(Caunty) (State)
	21. I certify that (I) (this haspital) a saw the deceased alive on 5	ittended the deceased from 4 14 19 67, and that		M, fram causes and ar	
/	220. SIGNATURE  Robert W. Tree  22c. PHYSICIAN'S	wer M.D.	ATTENDING MED. PHYS. DIRECT	C STAFF	DATE SIGNED
2	NAME (Type)  30. BURIAL, GREMATION, 23b. DATE THEREOF	23c, NAME OF CEMELERY OR C	REMATORY 2	3d. LOCATION (City or Town)	(County) (State)
	BURYAL (Specify) May 18, 190	Micomico II Enor	IAL PALK S	Alisbury Wicon, REGISTRAR 25b REGISTRAR	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

VR A15 (4) 25M 1/67 0

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours aft Poge 4 may be retained by the hospital or attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		0726	3		CERTIFIC	ATE OF	DEATH		07	7243	}	
		PLACE OF DEATH o. COUNTY  7al	bot		MARYLAI	0.	CTATE As	Where deceased lived, if		albox		n)
		b. CITY OR TOWN (If or write CURAL and or	ve nearest tawn)		c. LENGTH OF STAY IN 1		TY OR TOWN (If a	utside corparate limits, w	rite RURAL and	give neares	st town)	
1	C	d. NAME OF HOSPITAL (	Washingt			d. S	302 N.	Washington	n St.		e. IS RESIDI ON A FA YES	
)	(			ward (	Gardner, Sr		Last	4. DATE OF DEATH	Month Ma	6/	19	67
	S. S	male	white	7. MARRIED WIDOWED	NEVER MARRIED   DIVORCED	B. DAT	12.23/10	9. AGE (In land)	nday) Manth yrs.		Haurs	Min.
	10a. duri	usual occupation (Ging most of working life,	ive kind af wark dane , even if retired)		IND OF BUSINESS OR NDUSTRY		Talbot	8 State, or foreign countre Naryland	y) 12.	COUNTRY?		
		Bennett						. Jarrell				
		WAS DECEASED EVER IN s, no, ar unknawn) (If			SOCIAL SECURITY NO. 17-30-8678	17. INFORM		Gertrude	Address Kilmon,	Eas	ton,	Md.
		1B. CAUSE OF DEATI	H (Enter anly one caus WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T	My	ocardial		fonetla				ERVAL BETV	
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c)  (b) Coronery Anteriosclerosis  (c)										,
2	ATION	PART II. OTHER SIGNI	NDITION GIVEN IN PART	1(a)		WAS AUTO PERFORME 'ES	PSY D?					
	CERTIFICATION											
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur o.m.  p.m.  19  20d. INJURY OCCURRED While at work a										
		21. I certify that (I) (this haspital) attended the deceased fram										
											/	
1		22c. PHYSICIAN'S NAME (Type)	Robert M	Mc	Donald, M	D. 1			aston	, Md	,	
		BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEF 5/19/1	967	Woodlawn	Nemo.	rial Par		Md.	(Caunty		ate)
	24	FUNERAL DIRECTOR	NEUNAM	e sow	ADDRESS Carton	W.	2So. REC	P 1 9 1967	2Sb PEGISTRAR	SSIGNATU	RE udge	

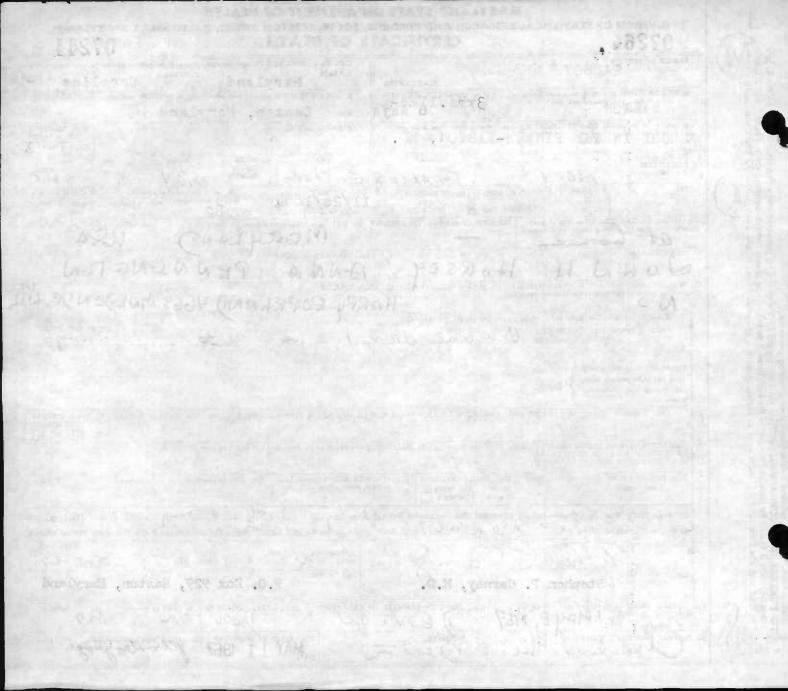
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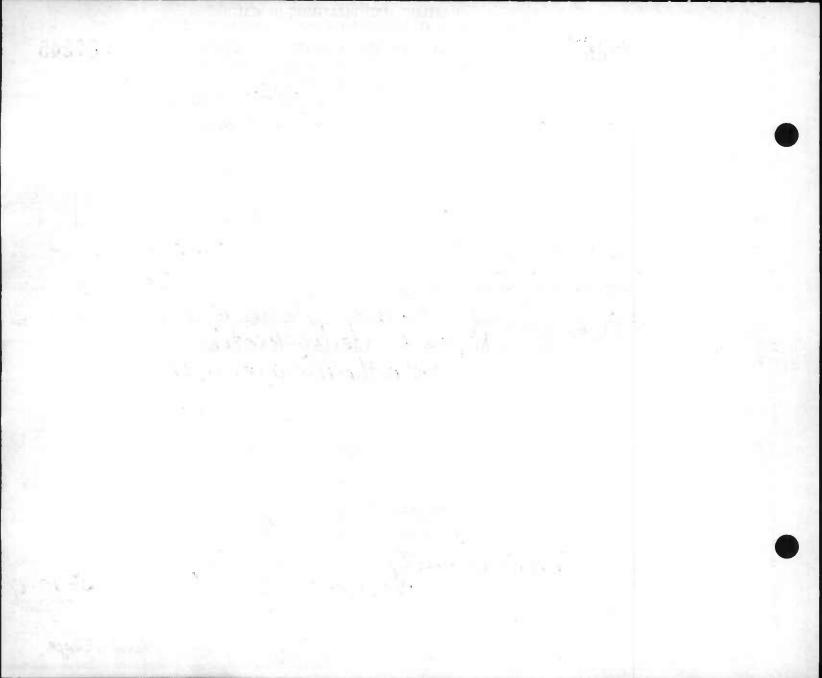
vin 24 hours after R ATTENDING PHYSICIAN: The law requires that the death certificate be executed (virtualized by the hospital or attending physician. TOR: After this certificate has been stoned by the attending physician and completely for TO HOSPITAL

NETO FUNERAL DI

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution:	U1644
	a. COUNTY TALBOT	a. STATE BE DO	roline
	b. CITY OR TOWN (il outside corporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (II outside corporate limits, write RURAL en	d give neerest town)
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	Denton, Maryland d. Street Address	o. IS RESIDENC
	HOUSE IN THE PINES -EASTON, MD		ON A FARM YES NO
3.	NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month OF DEATH MAY	Dey Year 5 19 6 7
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DEATH MAY  B. DATE OF BIRTH  11/26/1881  9. AGE (In years IF UNDER:  last birthdey)  Months	9
10	WIDOWED DIVORCED	□ 11/20/1004 82 yrs. Молито	
do	De. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	MORYLAND	IZEN OF WHAT COUNTRY
13.	ONN HORSEY	14. MOTHER'S MAIDEN NAME PENNOW	GTON
15. (Ye	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT HARRY COPELAND, 4663 MB	DENOR!
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		
	PART I, DEATH WAS CAUSED BY:		INTERVAL BETWEEN
	331X DUE TO	uscular occudent	5 days
	Conditions, if eny, which		of the gran
	gave rise to immediate couse (e), stating the underlying  DUE TO		
	cause last. (c)		
NOL		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
CAL CERTIFI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		YES NO
CAL CERTIFI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  200. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeer Hour e.m.   20d. INJURY OCCURRED   20d. INJURY OCC	Oc. PLACE OF INJURY (Home, farm. 20f. (City or town) factory, street, office bidg., etc.)	YES NO (Stete)
CAL CERTIFI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED While Not While el work   19   40 work   20 wo	Oc. PLACE OF INJURY (Home, farm. 20f. (City or town) (Counterlands)  from 19 to 5 19 d that death occurred at	YES NO (State)
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  200. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeer While Not While   work   et work   20d. INJURY OCCURRED   20d. INJURY O	CCURED. (Enter neture of injury In Pert I or Pert II of item 1B.)  Oe. PLACE OF INJURY (Home, farm. 20f. (City or town) (Country, street, office bldg., etc.)  from July 19 to 5 19 d that death occurred at	YES NO (Stete)  (Stete)  (Stete)  (Stete)  (Stete)  (Stete)
MEDICAL CERTIFI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED While Not While et work   20c. Time of Injury Month, Day, Yeer   20d. INJURY OCCURRED While Not While et work   20c. Time OF INJURY OCCURRED WHILE ET WHILE	Oc. PLACE OF INJURY (Home, farm. 20f. (City or town) (Counterly, street, office bldg., etc.) to	PERFORMED? YES NO (Stete)  (Stete)  (Stete)  (Stete)  (Stete)  (Stete)  (Annual State of Annual State of Annua

MARYLAND STATE DEPARTMENT OF HEALTH





death. after 20 hours .= filled t, within 72 Completely i within event, executed and any physician and please reval, and in certificate be removal attending | ermit. Ther the attendit 0 death cremation, The law requires that the s has been signed by t se as the burial-transit h prior to burial, crema the hospital or attending physician. r this certificate ha detached for use a re Dept. of Health pi PHYSICIAN: After the ld be de TO FUNERAL DIRECTOR: Af director, page 3 should to should be filed with the S retained be Page 4 may 4 may

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town STON EA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO YES 3. NAME OF Middle DATE Month Oay Year Last DECEASED DF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR IF UNOER 24 HRS. 7. MARRIED NEVER MARRIED [ last birthday) Months I Days Hours | Negro WIOOWEO DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? U.S.A. Talbot Co. . Md. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate STATIC BRAIN CANCER **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 119. WAS AUTOPSY PERFORMEO? SARCOMA NO X YES 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work p.m at work 1066 21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF DIRECTOR M.D. PHYS. PHYSICIAN'S 22d. AODRESS NAME (Type) 0 BURIAL, CREMATION, 23c. CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. BEMOVAL (Specify) FUNERAL DIRECTOR AOORESS REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. 25a. 196

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MARYLAND STATE DEPARTMENT OF HEALTH									
Division of STATISTICAL	RESEARCH	AND RECORDS,	301	W. PRESTON	STREET,	BALTIMORE,	MARYLAND	21201	

	07267	CERTIFICATE	OF DEATH		07247					
1.	PLACE OF DEATH			ere deceosed lived, if institution						
	o. COUNTY TAI DOT	MARYLAND	O. STATE MARY	LAND b. COUNTY	14LB01					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		de corporote limits, write RURAL	ond give neorest town)					
	Wife KOKAL and give neades fown)	N 4 dr.	STI	TICHAELS	20,1					
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET ADDRESS		e. IS RESIDENCE					
	Memorial &	ospital,	TAL	BOT ST.	YES NO					
	NAME OF DECEASED (Type or print) A FREE First	Otto Middle Her	MAX	OF DEATH Month	13 1967					
5.	14 1066	MARRIED NEVER MARRIED DIVORCED DIVORCED	-		Wonths Doys Hours Min.					
dyr	o. USUAL OCCUPATION (Give kind of work done ring most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S		12. CITIZEN OF WHAT COUNTRY?					
15	SST GEN / GR-EAST LINE	1 B+ O. K. K.	14. MOTHER'S MAIDEN NAM	CISCO, CAL.	USA					
13.	ALFRED HERMI	91	DELIA	LITTLE						
15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17.	Mag. amy C	Address Address	+. muchaels, Ind.					
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	er line for (o) (b), and (c).	The un	halls	INTERVAL SETWEEN					
	IMMEDIATE CAUSE (o) _	Co your car	1 general	10101	, occupy					
	443 X DUE TO	MIVILA16	Volatil	ne dillaus.	1. A Han					
	Conditions, if ony, which gove (b)	enunning	www.	THULO VUNCAN	14 191					
	stating the underlying couse DUE TO	X/1 Merlin	11/11/1							
	last. (c)	Juliun	nuy							
MION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO									
CERTIFICATION		205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Port 11 of item 1B.)						
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)					
	21. I certify that (I) (this hospital) attended the deceased fram 5 9, 1965, to 3 1, 1967, that (I) (we) last saw the deceased alive an 5 1, 2 1, and that death accurred at 1, 2 M, fram causes and an the date stated above.									
	220. SIGNATURE									
	22c. PHYSICIAN'S! R. Lane Wro	th M.	D. 22d. ADDRESS Mich	aels, Marylan	d					
23	DO. BURIAL CREMATION, 23b. DATE THEREOF		CREMATORY.	23d. LOCATION (City or Town	(County) (State)					
) 4		16/		coasion,	Trust courses					
1	FUNERAL DIRECTOR	ADDRESS !	2So. REC'D E		iones udge					
1	yawish plonale	e, N' / ruchael	DATMAT.	22 1967	00					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deatter. Page 4 may be retoined by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

on band afridal to the

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, Item #5 Film #G389 6/12 30) W. PRESTON STREET, BALTIMORE, MARYLAND

07268	CERTIFICATE	OF DEATH		01243
1. PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Who	ere deceosed lived, if institution b. COUNTY	e 1111
A Doll	MARYLAND	MU.	(	PUEEN-AME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 1b	O .	de corporote limits, write RURAL	ond give neorest fown)
EASTON	LOGA.		ENSVILL	E 17.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Memorial	JOSP 141			YES NO
3. NAME OF DECEASED (Type or print)	Canley H	ines	4. DATE Month OF DEATH	27 Poy Year 19 6 7
S. SEX Femal 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR   IF UNDER 24 HRS.
F NEGRO WID	OWED DIVORCED 2	3-20-189	J 74 yrs.	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kirle of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY 2
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	1 11 571
JAMES COL	VLEY	ANN	IE GAL	EEN
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service		NFORMANT H	Address - P	TENEWS VILL
18. CAUSE OF DEATH (Enter only one couse per I	ine for (o), (b), ond (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebral th	rombosis		ONSET AND DEATH
332X DUE TO		6		
Conditions, if ony, which gove ) (b)	Cerebral a	rteriose	lerosis	Uncertain
rise to immediate couse (o), Stating the underlying couse				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	TING TO DEATH BUT NOT RELATED TO TO	HE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Po	rt I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this haspital)	attended the deceased from	, 19_	30 to	, 19, that (I) (we) las
saw the deceased alive an	19, and that	death accurred at <u>1</u>	25M, fram causes an	d an the date stated above
220. SIGNATURE ROBERT W.	Trever MD		ED. STAFF	22b. DATE SIGNED 5/27/67
22c. PHYSICIAN'S NAME (Type) Robert W. T		22d. ADDRESS	Maryland	5/27/67
230. BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town	1 /
BUBIAL 3-36	67 STEVENSL	ILLE	STEVEN SVI	WE-GUEENA
24. FUNERAL DIRECTOR	ADDRESS &	2So. REC'D B		STRAR'S SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. completely filled in by the funeral aye can an papers. Pages I ord cár an papers. Pages I nt, within 72 haurs after **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and cemplated director, page 3 shauld be detached far use as the burial-tronsit permit. Then please remaye can should be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event. Page 4 may be retained by the haspital ar attending physician.

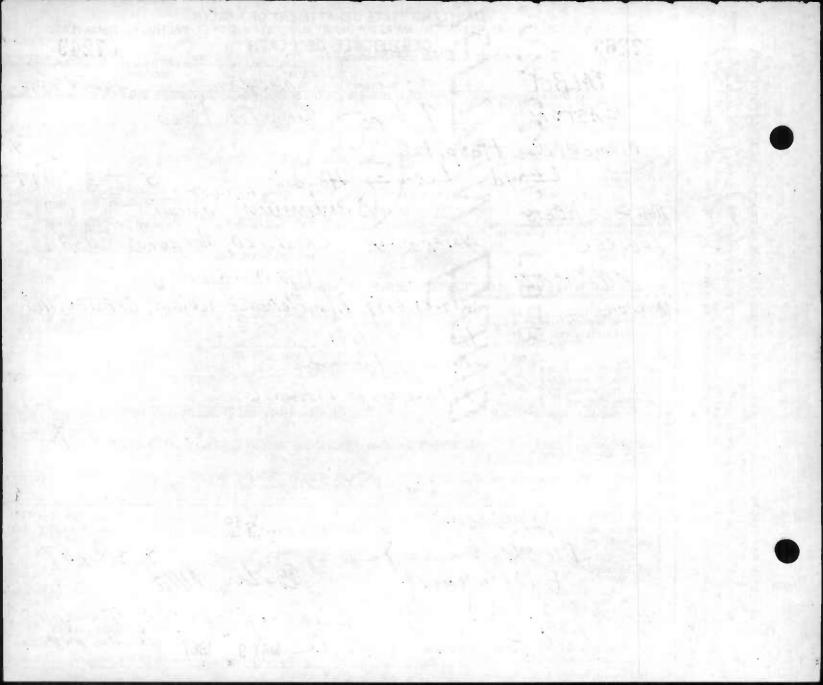
VR A15 (4) 20 M 1/66

and the second oberte. Manyor total 1.3. Manuat, mary and TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial and completely filled in by talector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours—or MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OPEN
OFFICIAL OF DEATH

	Thomas #R & O Film #1788	75 /67 200	01643
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where de	eceased lived, If institution: Residence before admission)
	a. COUNTY. TAIRAT	a. STATE	b. COUNTY A LEGITIAN
	MARYLAI		GUECIV ITIVIYE
8.1	b. CITY OR TOWN (if outside corporate limits, write QURAL and give nearest town)	1b c. CITY DR TDWN (If outside co	rporate limits, write RURAL and give nearest town)
	EASTON / days	ChesTen	7 may 12.3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addi	ss) d. STREET ADDRESS	e. IS RESIDENCE
	11 11 11 11 11 11 11 11 11 11 11 11 11		ON A FARM?
	MICHORIAL HOSpital		YES NO
3.	NAME DF First Middle	. Last   4. DATE	Month Day Year
	DECEASED (Type or print) LLOYA LORENZO	He de DEAT	4 5 - 2 10/7
-6	CEV LC COLOR OR DAOF L	The Division of the second	H 3 19 67
J,	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 2/28/028	last birthday) Months Days Hours Min.
/	TALE NECTO WIDOWED DIVORCED	1 HMUNGLUM /	Millistriks.
	USUAL OCCUPATION (Give kind of work done   10b. KIND DF BUSINESS OR	11. BIRTHPLACE (County & State	e, or foreign country)   12. CITIZEN OF WHAT
dur	ng most of working life, even if retired)   INDUSTRY	100:0:10 1	CDUNTRY?
1	ABORER	CKISTIELD, 1	IBKYLAND USH
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	IN N KNIS 100 NO	MAKNO	41/1/
15	WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SDCIAL SECURITY NO.	17. INFORMANT	Address
	s, no, or unkown) (If yes give war or dates of service)	W Il serve 1	1.
10	MYOWN 1 217-01-0877	MM. FIORENCE U	URIGHT, CHESTER, Md.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: 120/ +21/	11-1 S	DNSET AND DEATH
	IMMEDIATE CAUSE (a)	17-6	
	SUST DUE TO M	11	
	Conditions, If any, which (b) LOS MUIO	77.8446/4_	
	gave rise to immediate	1 1	
	cause (a), stating the DUE TO	41620515	
-	underlying cause last. (c) / U11770118 3	1	
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
CA.			YES IXI NO
프	20a. ACCIDENT WAS UNDERLYING   1 20b. DESCRIBE HOW INJURY	CCURREO. (Enter nature of Injury In I	Part I or Part II of Item 18)
83	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	COOKINEO. (Enter materio or injury in t	alt i of fall if of floid 2017
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e		(City or town) (County) (State)
	While Mot while	actory, street, office bldg., etc.)	
Σ	p.m. 19   at work   _		
	21. I certify that (I) Ithis hospital) attended the deceased from	, 19 30, to	, 19, that (I) (we) last
	saw the deceased all the to the total 19 and	that death occurred at S M, f	rom the causes and on the date stated above.
	22a. SIGNATURE	0 /1	22b. DATE SIGNED
	6 CM M	ATTENDING MED.	STAFF 2 My 67
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR	PHYS. A SINZY W
	NAME (Type) I / L S. / / X	220. MURIESS	0111/
	12-6-11 16,1141111	Co Just C	11/14
23a		TERY OR CREMATORY   23d. L	OCATION (City, town or county) (State)
1	REMOVAL (Specify) 5-6-67 CHESTA	P PEMETERINAH	ECTER MARMAND
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REG	ISTRAR   25b. REGISTRAR'S SIGNATURE
24	ANDRESS A		nont. He leader.
	Transit I winned I	// CLIDATAY O	967 Julianus July

VR AIS (4) 20M I/65



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07270	CERTIFICATE	OF DEATH		07250
1. PLACE OF DEATH o. COUNTY Talbox	MARYLAND	2. USUAL RESIDENCE (V a. STATE		an: Residence before admission) Talbot
b. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest tayn).	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carparate limits, write RUR	AL and give nearest tawn)
St. Michaels (Rural)	6 months	lilghn	ran	20.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, of Rio Vista Nursing Home	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Joseph H. Jack	Middle Son.	Last	4. DATE Month OF DEATH	May 9, 1967
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	IF UNDER 1 YEAR   IF UNDER 24 HRS. Months Doys Haurs Min.
male white WIDOWED	DIVORCED	Oct. 20. 18	380 86 Yrs.	Months Doys Haurs Min.
	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County )	Store, or foreign country) Maryland	12. CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
William P. Jackson		Unkn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)		INFORMANT  William	H. Russell. 7	ilghman, Md.
Canditians, if any, which gave rise ta immediate cause (a), stating the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIO				YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in I	Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19 at wor'	Nat While F	CE OF INJURY (Home, farm ary, street, affice bldg., etc.)		(Caunty) (State)
21. <b>tertify</b> that (I) (this hospital attended as a wind the deceased alive on	ded the deceased from and that	t death occurred at		1962, that (I) (**) la and an the date stated obov
220 SIGNATURE  220 SIGNATURE  220 SIGNATURE  220 SIGNATURE  ACULL  ACU	ally M.	D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
230. BURIAL, (REMATION, RYMOVAL (Specify) 5/11/1967	23c. NAME OF CEMETERY OR Jackson (e)	CREMATORY	23d. LOCATION (City or Tov	vn) (County) (State)
24. FUNERAL DIRECTOR E. NEUNIAM & SON,	ADDRESS			CISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and caraptetely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after deet

g = m = 3 numbers, Commercial mile delicte to the termination of the colors of the color andres . saille and the state of t TOPI TO THE PART OF THE PART O

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) in by the funeral o. COUNTY o STATE b. COUNTY-MARYLAND b. CITY OR TOWN'(If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn e. IS RESIDENCE ON A FARM? give street address d. STREET ADDRESS OF HOSPITAL OR INSTITUTION nat in haspitall NO X YES completely fi NAME OF First Middle Last 4 DATE Year Doy DECEASED OF DEATH 19 Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 7. MARRIED NEVER MARRIED AGE (In years remove birthday) Manths Dovs Haurs ony WIDOWED DIVORCED ond ( 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of wark dane (County & State, or fareign country) = physician c please during most of working life, even if retired) AGORO 00 13 FATHER'S NAME the attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service 0 cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO buriol, Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse the Health prior to this certificate has been SO PART II. OFHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 30 THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO jo 20a. ACCIDENT MAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While State ot work TO FUNERAL DIRECTOR: After ot wark pe 21. I certify that (1) (this haspital) attended the deceased fram poge 3 should e filed with the 1962 and that death accurred at 124 M, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) LB07 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sb. 20 M 1/66 DATE

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death the hospital or ottending physician. be retained Poge 4 moy

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to Hospital or attending PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove cachan papers. Pages for a shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after dept.

VR A15 (4) 20 M 1/66

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STAT	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201
07272 Item #2	infor, taken from birth cert	0725
LACE OF DEATH	2. USUAL RESIDENCE (Where deceased live	d, if institution: Residence befare

The second secon							
1. PLACE OF DEATH					/here deceased lived, if institut		pefare admission)
o. COUNTY	7	MARYL	AND	o. STATE Md.	b. COU	ITY TO	4+
b. CITY OR TOWN (If outside corporate	limite	c. LENGTH OF STAY IN			tside carparate limits, write RUI	PAI and give ne	arest town)
write RURAL and give nearest town		C. CLISOTH OF STATE IN				the tine give no	distriction reality
EHS/014				Tilghma	in	70.	/ No proupewor
d. NAME OF HOSPITAL OR INSTITUTION	(If nat in haspital,	give street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
MEMORIA	L #	OSPIIA.	4	P.O. Box			YES NO
3. NAME OF DECEASED (Type or print) Baky	First Girl	Middle	C	Thism	4. DATE Mont	2.	Doy Year 1967
S. SEX Jemele 6. COLOR OR RACK	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED	B.	DATE OF BIRTH	9. AGE (In years lost birthday)  3. Yrs.	Months Do	AR 1F UNDER 24 HRS.  Dys Hours Min.
10a. USUAL OCCUPATION (Give kind af wark during most of warking life, even if retired)		IND OF BUSINESS OR NDUSTRY		11/BIRTHPLACE (County	& State, ar foreign country)	12. CITIZEI COUNT	N OF WHAT IRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME		
Charles W. Jo	horson, S	no		Nellie	Hilditch		
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes give wor or de	CES? 16.	SOCIAL SECURITY NO.	17. IN	formant s. Charles	W. Johnson,		an. Md.
18. CAUSE OF DEATH (Enter only an	e couse per line for	(a) (b) and (c))	-		0,4030.0	7	INTERVAL REPORTEN
PART I, DEATH WAS CAUSED BY:		1 (a), (b), and (c).)	1/1	11/1		1	ONSET AND DEATH
OO / IMMEDIATE C		WWW.	14	My		- 4	1201
1161	DUE TO					4	
Conditions, if any, which gove	(b)						
rise to immediate cause (a), { stoting the underlying couse {	DUE TO					A - 10 G	
last.	(c)						
PART II. OTHER SIGNIFICANT CONDITION  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING MADE OF DEATH  (15 ETHER MOTIFE MADE AT EVALUATION OF THE CONTRIBUTION OF THE CONT		TO DEATH BUT NOT RELA	TED TO TH	E TERMINAL DISEASE CON	IDITION GIVEN IN PART I(o)		19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING	205. DI	ESCRIBE HOW INJURY OCC	CURRED. (E	nter nature of injury in	Part I ar Part II af item 18.)		
OR CONTRIBUTING CAUSE OF DEATH			(-	3	,		
20c. TIME OF INJURY Month, Doy, Ye	eor 20d. I While	Nat While		OF INJURY (Home, farm y, street, affice bldg., etc.)		(Caunty	(State)
21. Certify that (I) (this			ram	-21 1	9/107 to 5-21	19601	that (I) (we) las
sow the deceased alive a		19/0/,0	nd that	death accurred at			date stated above
22a/SIGNATURE	1 . 1				1	22b. DATE	
TOUNIL	111.01	X	M.D.	ATTENDING	DIRECTOR PHYS.	7 7-7	1.27-12)
22c PHYSICIAN'S	CAUL	24	M.D.	PHYS. 22d. ADDRESS	DIRECTOR LA PRITA. L	- /	10/
NAME (Type)				220. ADDRESS			
R. Lan	e Wroth		M. D.		mels Marris	nd	5/23/67
	TE THEREOF	23c. NAME OF CEMET			23d. LOCATION (City or To		Store)
PSMQVAL(Specify) 5/	23/1967	Method	ist (	emetery	Tilghman,	Mal.	
24. FUNERAL DIRECTOR		ADDRESS		2Sa. REC'L	BY REGISTRAR 2Sb.	EGISTRAR'S AGN	IATURE LAC
M F. (1)000	1101111	San EA	toal	MAN WAY	26 196/	7	1 0

# FOR STATE

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07273

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07253

67

NO

(State)

MH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Talbot a. COUNTY b. COUNTY Talbox Maryland with the State Department of MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) St. Puchaels Tilahman e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OF INSTITUTION, (If nat in haspital, give street address) d. STREET ADDRESS farwarded to the Chief Medical Examiner's Office along with farm 20 YES NO K Give Pages 24 haurs after death. NAME OF Middle Doy First Last 4 DATE Year DECEASED OF harles William Johnson, Sr. Mau. DEATH 19 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 IF LINDER 24 HRS 7 MARRIED birthdoy) Months in Item 18. white death. WIDOWED pages land 2 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) HOUSTRY South Port, N.C. Operator 14. MOTHER'S MAIDEN NAME Lizzie Hewett 13. FATHER'S NAME TCAL EXAMINER: This certificate shauld be executed within Wesley Johnson permit. File \_\_ 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wer or dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO. pending harles W. Johnson, Tilghman, Md. within Mrs. ues INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line burial-transit ONSET AND DEATH event PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) writing the ward DUE TO Bor see ares There ton any Canditians, if any, which gave rise to immediate cause (a). 2 DUE TO stating the underlying couse D. and SD be used 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remaval, PERFORMED? execute the certificate, pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY I or CONTRIBUTING I 5 4 shauld CAUSE OF DEATH. 20c, TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) Nat While factory, street, affice blda., etc.) may be retained far yaur FUNERAL DIRECTOR: Page at work at work 21. I certify that I taak charge of the remains described above, held an Autopsy X. Inspection V Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 may be ret TO FUNERAL D Health prior t ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPUTY MEDICAL EXAMINER IHURSTON Address (Street, city, tawn, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) Tilohman, Md. Methodist (emetery 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR SON. Easton, Md.

VR A15ME (5)

THE RESERVE THE PROPERTY OF TH A CARLON STATE OF THE s  MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH and 2 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (IF write RURAL and give nearest town) haurs RICE hours, E. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS filled YES NO NO 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED OF. 67 (Type or print) /US DEATH compl IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years DATE OF BIRTH NEVER MARRIED last birthday) Manths Days WIDOWFD DIVORCED DNO 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired) physician ( INDUSTRY COUNTRY? XX 13. FATHER'S NAME remaya WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave (b) rise ta immediate cause (a), DUF TO stating the underlying cause priar to has been the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p NO NO certificate for 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) **DIRECTOR:** After this Haur a.m. factory, street, affice bldg., etc.) Nat While at wark 30 may may . 19 67 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram\_ be retained M, fram causes and an the date stated above. 1967, and that death accurred at 4 saw the deceased alive an \_30 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 6/2/67 Easton, Maryland Carney CHURCH 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE !!!

the death certificate be executed within 24 haurs after death ATTENDING PHYSICIAN: The law requires that O HOSPITAL

265.0 1000 1 Will Amelyand Bornes I. C. Senson Market

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Talbot

IF UNDER 1 YEAR

Dovs

12. CITIZEN OF WHAT

USA?

(County)

22b. DATE SIGNED

(County)

Talbot

Months

e IS RESIDENCE ON A FARM?

IF UNDER 24 HRS

YES 🗍

Easton

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

19\_\_\_, that (1) (we) last

(Stote)

(Stote)

NO IX

07275 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS and in ony event, within 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdov) WIDOWED DIVORCED 2/20/1910 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** physician Talbot, Maryland salesman gas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-tronsit permit. Then pl burial, cremation, or removol, Mazie Lambdin Frank I. Kirby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) -9772 Mrs. Emma Elizabeth Kirby. no IB. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stoting the underlying couse as the priar to hos been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth ! this certificote 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) Hour 'o.m. Not While foctory, street, office bldg., etc.) ot work After ot work 21. I certify that (I) (this haspital) attended the deceased fram with the , and that death accurred at\_ My from causes and an the date stated abave. DIRECTOR: saw the deceased alive an 22o. SIGNATURE M.D. PHYS. filed director, poge should be filed 22d. ADDRES 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23d. LOCATION (City or Town) Woodlawn Memorial Park Easton.

ADDRESS

24 haurs after deoth within executed requires that the death certificate ATTENDING PHYSICIAN: The be retoined O HOSPITAL

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

THE CENTROLISE Elizabeth de la companya de la compa Was a stanker Light of the state William Engage ANTE DE SANTE PRODUCTION OF STATE STATE OF STATE

# 24 hours after by the and 2 death. carbon papers. Pages 1. TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed vedeath. Page 44. TO FUNERAL D. TOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07276 CERTIFICATE OF DEATH 07256

		0 1 13 0 0
1. PLACE OF DEATH a. COUNTY MAT BOTT	2. USUAL RESIDENCE (Where decessed lived, if Institution: Re	esidence before admission)
TALBOT MARYLAND	a. STATE Maryland b. COUNTY Tal	bot
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	giva nearest town)
write RURAL and give nearest lown)  ASTON  Lyb. 6me. 17d.	eys Easton	20.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
HOUSE IN THE PINES * EASTON, MD.	401 S. Washington Street	YES NOX
3. NAME OF First Remarks Middle	Last 4. DATE Month	Day Year
(Type or print) ELIZABETH Bean KL	EPPINGER DEATH 5	3 19 67
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	. DATE OF BIRTH 9. AGE (In years   IF UNDER 1)	YEAR   IF UNDER 24 HRS.
FEMALE WHITE WIDOWED 1 DIVORCED 2	-19-81 (as birthday) Months D	Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or loreign country)   12. CITIZ	ZEN OF WHAT COUNTRY?
Housework	Pa. US	A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hiriam Halteman	Elizabeth Bean	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	NFORMANY Address	
(Yes, no, or unkown) (Ifyesgivewerordelesofservice) 180–10–8682 D /	Mrs. Mabel Kleppinger, Easton,	Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septecernia		3 olay
(ADDA) NIKTO		0
Conditions, if any, which ) by deute and clave	nie pyclitis + pyclonephetis	2 ym
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(e), stelling the underlying DUE TO		No. in the last
	T DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN DART	1(a) 110 WAS AUTODSY
Senewlyel arterosclera	TALENTED TO THE TERRITAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
5 Senewyell arteroselem		YES NO
20a. ACCIDENT WAS UNDERLYING (\$\frac{1}{2}\) 20b. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING □ CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER]	. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Coun	ty) (State)
at many the same that the same	ory, street, office bldg., etc.)	
	16 Dec. 1064. 2 m. 10	7
21. I certify that (I) (this hospital) attended the deceased from	-30	that (I) (we) last
saw the deceased anve on	death occured at.lA.M, from the causes and on the	
228. SIGNATURE Canis M.	ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED,
22c. PHYSICIAN'S	22d. ADDRESS	-
Stephen P. Carney, M.D.	P.O. Box 929, Easton, Md. 2	21601
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C REMOVAL (Specify) Union Cemet	Marina in Davi	) (State)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S S	IGNATURE
PAULICE E. Neumanison EAsto	N. W.O. DATEMAY 5. 1967 your	as Judge

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# MARYLAND STATE DEPARTMENT OF HEALTH

1	AND DESCRIPTION OF THE PARTY NAMED IN		Division of STATISTICAL RE	SEARCH AND RECORDS, 301	I W. PRESTON STREET, BA	LTIMORE, MARYLAND 21:	
N	200		07278	CERTIFICATE	OF DEATH		07257
-0	ond in deoth		PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where dec	eased lived, if institution: Resider b. COUNTY	nce befare admission)
ofter	y the fur Pages 1 urs ofter		o. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carp	arate limits, write RURAL and giv	
OUrs	by the Pace		write RURAL and give nearest town)	17 hrs.	UPPET	Hill	19.2
24 ho	opers. n 72 h		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	al, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
executed within 24 hours	ond completely filled in by the remove carbon popers. Page on ony event, within 72 hours	3.	NAME OF First P	Middle M	Last 4. DAT	· pro	Day Year
cuted	omplet ove car event.	5.	Type or print)  6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthdoy) Months	1 YEAR   IF UNDER 24 HRS. Doys Haurs Min.
exe	remo in ony	100	USUAL OCCUPATION (Give kind of work dane 10b	ED DIVORCED	11. BIRTHPLACE (County & State, a	r foreign country) 12 (1)	TIZEN OF WHAT
ote be		dur	ng most af working life, even if retired)	INDUSTRY	VIENNA MI		DUNTRY? U,5,
ertifico	physi ld nan lovol,	13.	FATHER'S NAME MATTIN MA	Mack	14. MOTHER'S MAIDEN NAME	Jones	
that the deoth certificate be on.	the ottending physicion sit permit. Then pleose notion, or removol, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. 1	NFORMANT LEAH MO	Hock Hope	- Hill M
of the	by the ott transit per cremotion,		1B. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		m Rr. Middle C	erebral Arter	INTERVAL BETWEEN ONSE AND DEATH
quires the physicion.			33/X DUE TO	100 (0)	1 14	cleratic	
മാ	in signed te buriol-t		rise to immediate cause (o), stoting the underlying cause	Caro be	al Vascular		
law	s #		last. (c)				LIO WAS ALITOPSY
I: The law r	icote hos be for use as the	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN e hospital	生工工	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED. (	(Enter nature of injury in Part I ar	Port II of item 1B.)	
G PHY	r this cert detached te Dept. o	MEDICAL	Hour am		CE OF INJURY (Hame, farm, 20 ory, street, affice bldg., etc.)	f. (City ar tawn) (Ca	iunty) (State)
No P	After be Sto		21. I certify that (I) (this haspital) of	tended the dereased from	190	to 0/15, 19C	that (I) (we) la
ATTENDIN stoined by	OR: h the		sow the deceased ofive on 22a. SIGNATURE	19 , ond tho	t death accurred of 10 50	M, from causes and on t	the date stated abov
OR Se re	DIRECT Set 3 street Set with Set		Thech	M.C		STAFF D	26/67
Poge 4 may 1	RAL C		22c. PHYSICIAN'S NAME (Type) S. KRE	CH TR.	22d. ADDRESS A S	TON, M	d/4
HOSI oge 4	o FUNERAL director, po should be f	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	non LT	LOCATION (City or Town)	(County) (State)
5	5000	2	SUNERAL DIRECTOR	ADDRESS , O O	25a. REC'D BY REG	ISTRAR 25b. REGISTRAR'S S	SIGNATURE
	VR A15 (4)50 20 M 1/66	15	Hithen Gillians	Frishel VI	DATE MAY 3	1 1967 Hales	ree juan

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- 1 1	Divisian of STATIS	MARYLAND STATE DE TICAL RESEARCH AND RECORDS, 301	
.63	07279	CERTIFICATE	OF DEATH
uner death.	1. PLACE OF DEATH O. COUNTY A bot	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE  Maryland
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after be retained by the hospital or ottending physicion.  SIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in by the furch should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages ed with the State Dept. af Health prior to buriol, cremotion, or removal, and in any event, within 72 hours often	b. CITY OR TOWN (If outside corporate limit write RURAL and give nearest town)	s, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limi
physicion. signed by the attending physician ond completely filled in the buriol-transit permit. Then please remove carbon papers. buriol, cremotion, or removal, ond in ony event, within 72 horsely.	d. NAME OF HOSPITAL OR INSTITUTION (IF IN	ot in haspital, give street address)	d. STREET ADDRESS Beechwood
t, with	DECEASED / + - + /	irst E Middle	100Re 4. DATE OF DEATH
	s. SEX 6. COLOR OR RACE white	7. MARRIED NEVER MARRIED 5 8 WIDOWED DIVORCED 5	3. DATE OF BIRTH 9. AGE losts
	10o. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign of Avalon, Missoure
ovar, o	13. FATHER'S NAME  George W. Moore		14. MOTHER'S MAIDEN NAME Mollie Ann Pau
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of the control of th	of convice)	NFORMANT s. Frank Russell, (
	18. CAUSE OF DEATH (Enter only one core PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE  OUE Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse lost.  DUE	use per line for (a), (b), and (c), (a) (b) (b) (b) (b) (c)	ug Blury
2	PART IN OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TAMINAL DISEASE CONDITION GIVEN IN F
	200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Port I or Port II of
	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Hame, farm, 20f. (City ary, street, office bldg., etc.)
	21. I certify that (I) (this how	spital) attended the deceased fram	t death accurred at 12 M, fra
should be filed with the State Dept. at Health prior to	220. SIGNATURE	whate M.	D. ATTENDING MED. PHYS. DIRECTOR DI
1		Wroth, M.D.	St. Michaels, M
	BURIAL CREMATION, 236. DATE THE BURIAL REMOVAL 5/25	123c. NAME OF CEMETERY OR CEME	CREMATORY 23d. LOCATION

ed, if institution: Residence before admission)

O. COUNTY Abot	MARYLAND	o. STATE Mary	land	b. COUNT	Y To	elbo.	t	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate li	mits, write RURA	L and give	e neorest	town)	
FASTON	/	Easte	on		1	20.	/	
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita	l, giye street address)	d. STREET ADDRESS			- 319	6	ON A FA	N(
Menorial &	Jospital	Beec	chwood			1		NO
NAME OF DECEASED (Type or print) HR ThuR	Middle	Moore	4. DATE OF DEATH	Manth		Doy	Year	,
SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		GE (In years	IF UNDER	1 YEAR	IF UNDER	
male white WIDOWE		11/25/1880	) 10	ist (birthdoy) yrs.	Months	Days	Hours	P
Do. USUAL OCCUPATION (Give kind of wark dane uring mast of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County Avalon,				TIZEN OF HUNTRY?	WHAT	
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	100				

IS. WAS DECEASED EVER IN U.S. ARMED FORCES?		17. INFORMANT	Address
(Yes, no, or unknown) (If yes give war ar dates of service	100 00 01:70	M T	D 11: En uton MJ
no	1419-01-04/2	Mrs. Frank	Russell, Easton, Md.
18. CAUSE OF DEATH (Enter anly ane cause per	ine for (a), (b), and (c).)	A	

PART I. DEATH WAS CAUSED	BY:	184 euro	malan	1na	
148X	DUE TO			11	
Canditians, if ony, which gave	(b) //	roun	MM 0 /-	ullry	2cx
rise to immediate cause (a), stoting the underlying couse	DUE TO				
last.	(c)				

PART IN THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISSE CONDITION GIVEN IN PART 1(0)

20%. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH

(City ar fown)

saw the deceased alive an 23/12 1967, and					s and an the date stated aba
220. AGNATURE	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED 5-25-6

Michaels. Maryland 23c. NAME OF CEMETERY OR CREMATORY

Mollie Ann Paush

23d. LOCATION (City or Town) (County) (Stote)

Parkwood 24. FUNERAL DIRECTOR ADDRESS

250. REC'D BY REGISTRAR DAMAY 2 6 19 2Sb. 1967

REGISTRAR'S SIGNATURE

(County)

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED?

NO

(State)

VR A15 (4) 20 M 1/66

THE PARTY OF MARKET STATE OF THE PARTY OF TH DG4 . U Million and - - make the New York No. No. 19 1 

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item #7 Film #G389 CERTIFICATE OF DEATH

07259

		07280	CERTIFICAT	E OF DEATH		01900
	1. 1	PLACE OF DEATH LOO	_	2. USUAL RESIDENCE (Whe	ere deceased lived, if institution b. COUN	on: Residence before odmission)
		allo	MARYLAND	1 / IARY	AND	IANSOT
		o. CITY OR TOWN (If ourside corporate limi write RURAL and give nearest town)	- 1 - 1		de corporote limits, write RUR	AL and give nearest town)
		gastou	A Bolays Mu		TI	20.1
0	1	I. NAME OF HOSPITAL OR INSTITUTION (IF I	not in hospital give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM2
0	2	NAME OF F	Middle Nelli	Con L.	DATE	YES NO X
	1	DECEASED Type or print)	Middle 11	igan lost	DATE OF Month	26 Doy Year 1967
	S. :		7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
	1	PALE WHITE	WIDOWED DIVORCED	JAN 7 1901	ost birthdoy)	Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & St	1 14	12. CITIZEN OF WHAT
	00	ng most of working life, even if retired)	PUB SERVICE	IRELAN	D	COUNTRY A
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	20	
		UNK		KATHLEEN	MURPHY	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) ((If yes give wor or dotes		INFORMANT	Addres	
	_		1111	OSEPW NELLE	AN, EAST OF	ANGE, N.J.
		18. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY:	use per live for (o), (o), and (c)	· Mahre	in with	INTERVAL BETWEEN ONSET AND DEATH
7		IMMEDIATE CAUSE	(o) Musuucc	www	aca of un	7117105.
		Conditions, if ony, which gove	(b)			
		rise to immediate couse (a)	E 10			
		last.	(c)			
2	Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
0	CATIC					YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	). (Enter noture of injury in Por-	t I or Port II of item 18.)	0.01 - 0.00
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
3	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m.		LACE OF INJURY (Home, form, octory, street/office bldg., etc.)	20f. (City or town)	(County) (Stote)
	N	p.m. 19	ot work U ot work U	22/1/1/	12/10	10/30
		21. <b>Certify</b> that (I) (this he sow the decrased alive an	spital) attended the deceased from	at death occurred at	i D M from couses	that (I) (we) lo and an the date stated above
		22 SIGNATURE	1.1.41			22b. DATE SIGNED
		1). TAGINIA	1/1/1/20 A	M.D. PHYS.	TD.  RECTOR PHYS.	5-27-67
		22c. HYSICIAN'S NAME (Type) D T	100	22d. ADDRESS		
1		R. L.	ane Wroth, M. D.		dichaels, Mary	yland
	230	BURIAL, CREMATION, 23b. DATE THE	m 1/3	11	23d. LOCATION (City or Tow	man and T
	24	REMOVAL (Specify) Burial FUNERAL DIRECTOR	1967 GATE OF	HEAUEN   250, REC'D B		OVER IV.
	0/	FUNERAL DIRECTOR	of At mackage he	MAY		Carley Judge
-	V	consist affernal	a principle in	UAIE.	0 1 1001	1

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY Talbot albot MARYLAND Md. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Easton Cordova d. NAME DF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 22 S. Higgins St. YES | NO [ 3. NAME OF First Middle Lost 4. DATE Manth Doy Year DECEASED Estelle Newman Downs 30 May 19 67 (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED hirthday) Manths Haurs Female Negro 9-T4- I894 WIDOWED DIVORCED 10o USHAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired)
HOUSE WITE INDUSTRY COUNTRY? Talbot Md USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Annie Downs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknawn) (If yes give war ar dates at service) 17 INFORMANT 16 SOCIAL SECURITY NO. Address -I4-I204 Hilda Peterson New Brunswick. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). NIERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND WEATH -IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave (b) rise ta immediate cause (a). DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Dov. Year (City ar town) (County) (State) Hour 'o.m. factory, street, office bldg., etc.) Nat While at work 21. I certify that (1) (this hospital) attended the deceosed from , and that beath accurred at, saw the deceased alive an M, from Jouses and on the date stated above. 22o. SIGNATURE DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF (County) (State) REMOVAL (Specify) Chapel Chapel Talbot Md 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 196

The low requires that the death certificate be executed within 24 hours after death

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ATTENDING PHYSICIAN:

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TO FUNERAL

VR A15 (4) 25M 1/67

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CERTIFICATE OF DEATH

07261

36206	CERTIFICATE		0.901
1. PLACE OF DEATH	_		ved, if institution: Residence before odmission)
o. COUNTY TA/60 7	MARYLAND	MADULAND	b. COUNTY TAI BOT
b. CITY OR TOWN (If outside corporate lin		c. CITY OR TOWN (If autside corparate lin	nits, write RURAL and give nearest town)
write RURAL and give nearest town	MP	EASTON	20.1
d. NAME OF HOSPITAL OR INSTITUTION (IF		d. STREET ADDRESS	e. IS RESIDENCE
	L HOSPITAL	706 High Sta	PEFT YES NO N
3. NAME OF FIRST PROCESSED (Type or print) EDWARD AND	YHODLE Middle CHARD X	RENSHAW DEATH	Month Doy Year 1967
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AG	E (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS. st birthday)   Months   Doys   Hours   Min.
MW	WIDOWED DIVORCED	8-13-03 6	3 yrs. 8 /8
10o. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign	
MECHANIC	KETIRED	TALBOT COUNTY-	MARYLAND USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
HARVEYM, RE	NSHAW	LAURA ANNA	GRUBB
15 WAS DECEASED EVED IN IT S ADMED EDDGE	CO 14 COCIAI SECURITY NO 17 1	INFORMANT	Address
(res, no, of unknown) (if yes give wor or dote	212-01-8186 m	RS. E. RICHART REN	ISHAW, SP. EASTON, M.D.
18. CAUSE OF DEATH (Enter only one	couse per line for (a), (b), and (c),)		INTEDVAL RETWEEN
PART I. DEATH WAS CAUSED BY:	ISE (0) Metastatic	carcinomero	200 SET AND DEATH  ONSET AND DEATH
			ncon
Conditions, if ony, which gove	(b) the lung	/	"Lev
rise to immediate couse (o), stating the underlying cause	OUE TO		n
lost.	(c)		
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO		
& Pulmona	ryemphysema	( chronic obs	tructure) PERFORMED?
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL FXAMINE)		(Enter noture of injury in Port I or Part II o	
p.m.	While Not While of work of work	tory, street, office bldg., etc.)	ty or town) (County) (State)
21. I certify that (I) (this h		, 19 , C, to_	, 19, that (I) (we) last
saw the deceased alive on.	19, and tha	t death occurred at 6 M, fr	, 19, that (I) (we) last om causes and an the dote stated obave
220. SIGNATURE ROBERT W.		D. ATTENDING MEB. D. PHYS. DIRECTOR	STAFF PHYS.   22b. DATE SIGNED
22c PHYSICIAN'S	W. Trever, MD.	Easton, Md.	·/
230. (BURIAD CREMATION, REMOVAL (Specify) 23b. DATE	THEREOF 23c. NAME OF CEMETERY OR 3,1967 SPRING HIL		ON (City or Town) (County) (Stote)
24. FUNERAL DIRECTOR	A CONFESS.	2So. REC'D BY REGISTRAR	25b. REGISTPAR'S SIGNATURE Junge

and 2 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be, executed within 24 haurs after death 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. I should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hour Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

THE STATE OF THE STATE .S .color . West

# MADVIAND CTATE DEDADTMENT OF HEALTH

a. STATE

c. CITY OR TOWN (If

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

outside corporate limits, write RURAL and give nearest town)

Maruland

Talbox

2Sb. REGISTRAR'S SIGNATURE

	MAKILAN	D SIAIE DEPA	KIMEMI	OF BEALIT		
VISION OF V	ITAL RECORDS,	301 W. PRESTO	N STREET,	BALTIMORE,	MARYLAND	21201
		CERTIFICATE	OF DI	FATH		

MARYLAND

c LENGTH OF STAY IN 16

E. NEWNAM & SON. Easton.

d in by the funeral pers. Pages 1 and 2 72 hours after dear by the haspital ar attending physician. be retained Page 4 may 0

within 24 haurs after death.

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certificate

death

OR ATTENDING PHYSICIAN: The law requires that the

TO HOSPITAL

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Talbox

b. CITY OR TOWN (If outside carparate limits,

1. PLACE OF DEATH

a. COUNTY

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ely f	pon	×	
plet	jo S	ent,	
E C	dve	A GA	
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2: Af	ple	he S	
0	shou	ith	
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	3	M p∂	
AL D	bod	e file	
VER/	Or,	q p	
3	rect	וםח	

write RURAL and give nearest town) letime Oxford d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO Lillie May Richardson 3. NAME OF Lost 4. DATE Month DECEASED May OF 19 (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED las pirthday) Manths Doys Hours white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY Egyptry? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ida Corkran (ottingham 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Richardson, Oxford, Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) ONCET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO Canditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (State) Haur a.m. factory, street, affice bldg., etc.) While Not While at work at work attended the deceased fram None 21. I certify that (I) (fill and that death accurred at 11 M, fram causes and an the date stated above. saw the deceased alive 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR ADDRESS ASTON 23o. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY (County) (Stote) xtord,

The south of the mean, two or, in - Joseph January Marie College

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

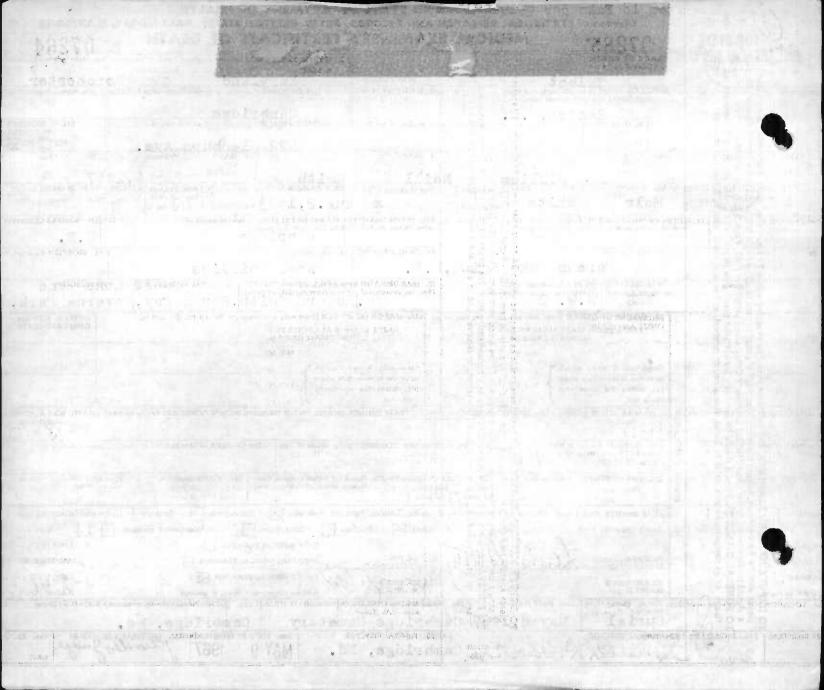
07284	CERTIFICATE	OF DEATH		07263
1. PLACE OF DEATH o. COUNTY  Talbot	MARYLAND	- CTATE As	Where deceosed lived, if institution b. COI	ution: Residence before admission) UNIY Baltimore
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside corparate limits, write R	JRAL and give nearest tawn)
St. Michaels (rural)	1 year	Baltimo	ne	304
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	give street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Rio Vista Nursing Home		5107 W	esley Ave.	YES NO
3. NAME OF First DECEASED (Type or print)  Christie J. Ro	Middle wlenson	Last	4. DATE Ma OF DEATH	May 31 19 67
S. SEX Female 6. COLOR OR RACE 7. MARRIED White WIDOWED	NEVER MARRIED	8. DATE OF BIRTH 4/3/1885	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
during most of warking life, even if retired)  Housework	KIND OF BUSINESS OR INDUSTRY		& State, or foreign country)  Maruland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  James Howeth		14. MOTHER'S MAIDEN M	te E. Covingt	on
(Yes, na. or unknown) (If yes give war ar dates of service)		informant chard F. Re	Add wlenson. Hav	ress redegrace. Md.
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  (c)	rouir &	forbi	r fæile	2 ONSE ND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
OF ONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	YES NO Y
20c. TIME OF INJURY Month, Day, Year Haur a.m. 19 Whi	le Nat While fact	CE OF INJURY (Home, form lary, street, affice bldg., etc.)		(Caunty) (State)
21. I certify that (I) (this hospital) atters	1 4	t death accurred for	46 to 5 - 30 422M, fram causes	and an the date stated above
236 AGNATURE MY VEEK	ef M.	D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 7
They more	ever h	Atm	cehaels	mg
236. BURIAL CREMATION 236. DATE THEREOF 6/2/1967	23c. NAME OF CEMPLEY OR Methodist	CREMATORY CEMELERY	23d. LOCATION (City or T	awn) (Caunty) (State)
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D	BY REGISTRAR 2Sb. I	EGISTRAR'S SIGNATURE
MAURICE E. NEUWAM & SON	Easton Md	M Irlah	5 1967 10	corles judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cappterely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in an exert within 72 hours after death.

land or a The state of in Low-A decided track the anch enigen satisfic FIFT Water HVE. person leave , Victoria Sale and the sale .. 4 1.16 ( and the first or and the first Acceptance and 20-71-14th Richard F. Jankanson, Janes Strate, Ad. cardiae failure ush Avonir Kardian failus presencered - Termenof " They more son of stricked und Therial 16/2/1967 The Collect and Second Additions, st. A LIME C. . . Hit & Air, Caston, A.

Item 18 Film 389 6-19-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) COUNTY b. COUNTY Page Talbot MARYLAND Dorchester Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) director. write RURAL and give nearest town) retained for your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cambridge d. STREET ADDRESS e. IS RESIDENCE 3 to the funeral ON A FARM? h the State I YES NO Glenburn 3. NAME OF First Middle Year DECEASED OF (Type or print) DEATH 19 å Smith May 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. in pencil in Item 18. Give Pages 1, 2, and Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 w lest bighdey) Months Male Hours DIVORCED K WIDOWED [ This certificate should be executed within 24 hours after withir 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Cambridge U.S. event 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marcus Duke Smith.M.D. Mabel Phillips in any 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.! Addres Luna Lane 17. INFORMANT or removal, and M. Edward Smith, Round Bay, Severna Park. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute alcoholism IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which cremation, "pending" geve rise to Immediate cause please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR: Page 3 should be used as a Health or its designated agent, prior to burial, cremation DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH, MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | Month, Day, Yeer 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or sounty) (Stete) REMOVAL (Specify)
Burial Cambridge Cemetery Cambridge, Md. 24a. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE oze as Cambridge, Md. Charles VR A15ME



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17286 CERTIFICAT	E UF DEATH	のグラウス							
1. PLACE OF DEATH a. COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maruland b. COUNTY Talbot								
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
write RURAL and give nearest town)  (aston 10 years	Easton	1.1							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS	e. IS RESIDENCE							
509 Pleasant Place	509 Pleasant Place	ON A FARM? YES NO X							
3. NAME OF First Middle DECEASED (Type or print) David Stratton Stewart	Last 4. DATE Month OF DEATH May 8	Oay Year 1967							
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years   IFUNDER:	YEAR IF UNDER 24 HRS.							
male white WIDOWED DIVORCED	Aug. 26, 1908 S8 vrs. Months	Oays Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)    Tariff Publisher, Interstate Trucking	11. BIRT HPLACE (County & State, or foreign country)   12. CI	TIZEN OF WHAT							
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME								
David R. Stewart	Rebecca M. Stratton								
(Ves no or unknown) ((If yes nive war or dates of service)	INFORMANT Address								
no 067-07-2716 Mr	s. David S. Stewart, Easton,	Md.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN							
PART I. OEATH WAS CAUSED BY: Terminal ar	als things	Onset and DEATH							
4200 OUE TO									
[ Conditions, If any, which ] artenoselerotu	heart design	10 yrs							
gave rise to immediate cause (a), stating the DUE TO		-							
underlying cause last. (c)									
2	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?							
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY  Myocardial infantan 2	-20-67	YES NO K							
20a. ACCIDENT WAS UNDERLYING   20M. OESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of injury in Part I or Part II of Item 18.								
	ACE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)							
While Not while	ory, street, office bldg., etc.)								
21. I certify that (I) (this hospital) attended the deceased from	27 Dec , 1963, to 8 mg, , 196	Z, that (I) (we) last							
saw the deceased alive on 38 Upr 1967, and tha	t death occurred at 1/3 M, from the causes and on the	e date stated above.							
22a. SIGNATURE 22b. OATE SIGNED									
Supher (%. Carrieg M.		9-67							
NAME (Type) Stephen P. Carney, M.D.	22c. PHYSICIÁN'S NAME (Type) Stephen P. Carney, M.D. 22d. ADDRÉSS P.O. Box 929, Easton, Md.								
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) . Removal Burial 5/11/1967 Greenfield (	Y OR CREMATORY 23d. LOCATION (City, town or countermeters: Hemostead, N. 4.	nty) (State)							
24. FUNERAL DIRECTOR MURJCE E. NEWHAM & SON, Easton, Md.	25a. REC'D BY REGISTRAR 25b. REGISTRAR	s SIGNATURE							

VR AI5 (4) 20M 1/65

and then to (6 . = ) i celita la contra de la contra del la contra de la contra del la contra del la contra de la contra del la contra of the contract of the same of the contract of The superior 7 gars and All her very fishing la. The state of the s and the state of t MAK T T 1361 T TANK

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Beat

Page 4 moy be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALIT

W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS, 301

		07287	CERTIFICATE	OF DEATH	S	07266	
	(	PLACE OF DEATH  1. COUNTY TAILOT	MARYLAND	O. STATE PLANEY A	ere deceased lived, if instituti b. COUN	QUEEN!	HNNES
		write RURAL and give nearest tawn)  EASTON	OF STAY IN 16	CENTA	de corporote limits, write RUR	RAL and give neore	17.2
		NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street a		d. STREET ADDRESS	JOIALE AVE		e. IS RESIDENCE ON A FARM? YES NO
		DECEASED Type or print)  G/Ady 5	Middle ING VA R MARRIED	NORSAPLE B. DATE OF BIRTH	N. DATE Mont OF DEATH 5	h Do	Year 3 - 1967 I IF UNDER 24 HRS.
	F	ENALE White WIDOWED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSI	DIVORCED	Detaber 23, 19	last birthday) yrs.	Months Days	Hours Min.
	duri	ng mast at working life, even if retired)  FATHER'S NAME		Busti Chaut	AUDUACO N.C	EQUINTRY.	
	15.	WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. I	EDNA &		9SS	
	(Ye	s, na, grunknown) (If yes give war or dotes of service) 134-05	-0723 RA	Igh R. VANOR	sdale CENT	REVILLE	Md, TERVAL BETWEEN
		PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Due TO	in to	bromboris	with he	mi- Or	NSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause	ga	<b>—</b>		71	ne sun
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	JT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART I(a)	19	. WAS AUTOPSY PERFORMED?
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED.	(Enter nature of injury in Par	t I ar Part II of item 1B.)		YES NO K
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Haur a.m. 19 20d. INJURY OCCU While Nat V at wark at wark at wark	/hile foct	CE OF INJURY (Home, form, ory, street, affice bldg., etc.)	20f. (City ar town)	(Caunty)	(State)
		21. I certify that (I) (this hospital) attended the d saw the deceased alive on1	eceosed from ), and tha	, 19_ t death accurred ot	M, from causes	ond on the da	
		220. SIGNATURE Robert W. Trever 22. PHYSICIAN'S	V M.I		ED. STAFF PHYS.	22b. DATE SIG	NED
		NAME(Type) Robert W. Trever,		Easton,			
	2	BURIAL (Specify) MAY 26,1967 Wood		Emetery	23d. LOCATION (City or Too East Hamburg	g, Co. o	f Erie,NY
1	10	FUNERAL DIRECTOR Section Brown Conti	DRESS wille A	DATMAY		Climber (	Judge

limiles

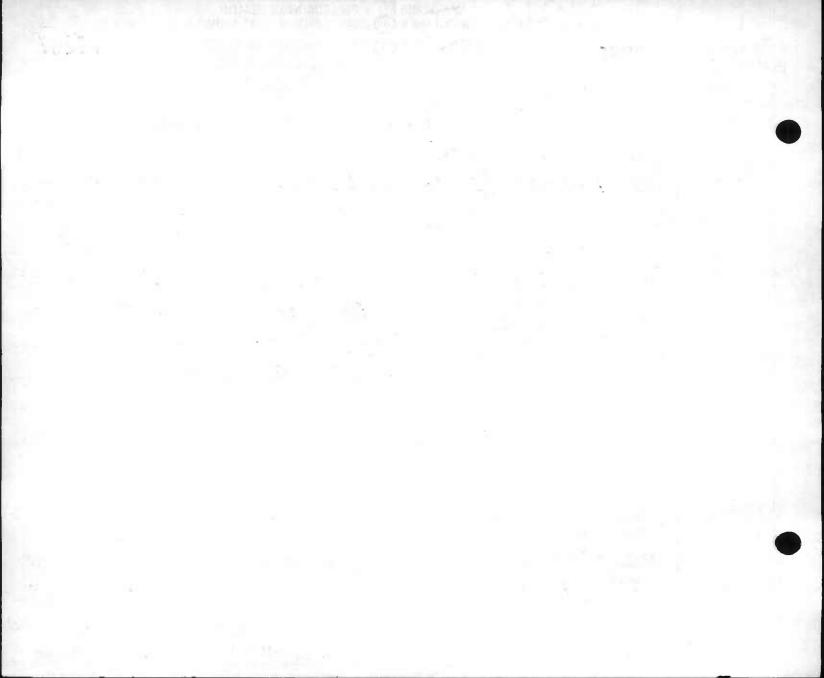
2

1967

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and comple**ken** filled in by the toneser director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove action papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a STATE b COLINTY 2, and 3 to PM3. Page MARYLAND deloy Deportment after dea CITY OR TOWN (If c. LENGTH OF STAY IN 1b c. CITY OR TOWN write RURAL and give nearest town) write RURAL and give nearest town Same IS RESIDENCE ON A FARM? d. STREET ADDRESS haspital, give street address) 72 hours Poges Stote [ NO T YES be executed within 24 hours after deoth. NAME OF Middle Last 4. DATE Manth Day Year DECEASED 8. Give 1942 (Type ar print) DEATH within Office olong with 5. SEX NEVER MARRIED LOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED last birthday) Months Hours WIDOWED DIVORCED event 2 lond 10b. KIND OF BUSINESS OR foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY any Chief Medical Examiner's 13. FATHER'S NAME .⊆ File and 16. SOCIAL SECURIFI (Yes, no, ar unknown) (If yes give war ar dates af service) removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH 0 IMMEDIATE CAUSE (a) This certificate should e, writing the word forwarded to the Cl cremation, DUE TO Canditians, if any, which gave (b) rise ta immediate cause (a), DUE TO stoting the underlying couse 0 last. SD burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO pe its designated agent, prior to should be 20a. EXTERNAL CAUSE WA 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. MFDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) Haur a.m factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page While Nat While at wark 21. I certify that I taok charge af the remains described above, held an Autapsy Inspection , Inquiry & and in my apinian the funerol director. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-11-6 TO DEPUTY Heolth or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, (County) 0 REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15ME 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07283 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY / MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH DE-STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital/give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO DE YES NAME OF Middle First DATE Month Dov Year campletely DECEASED OF (Type or print) DEATH and in any event, S SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 24 HR lost birthdoy) Months Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician ( during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAM crematian, ar remaval, attending permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO burial, ( Conditions, if ony, which gave rise to immediate couse (a). DUE TO stoting the underlying couse has been priar ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION Health p r this certificate t detached far us NO 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INITIRY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) State ot wark at work DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from 19\_\_\_, that (I) (we) lost sow the deceased olive on\_ \_\_\_\_, and that death occurred of M, from couses and on the date stoted obove 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. MED. DIRECTOR PHYS. 22d ADDRESS Easton, Maryland

N. D.

23d. LOCATION (City or Town)

8X REGISTRAR

(Stote)

(County)

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

director, page 3 shauld be filed v O HOSPITAL 4 may TO FUNERAL VR A15 (4) 25M 1/67

death.

within 24 hours after

certificate

that the death

attending

be retained

ATTENDING PHYSICIAN: The law

22c. PHYSICIAN'S

23o. BURIAL CREMATION

24. FUNERAL DIRECTOR

NAME (Type)

Robert W. Trever

23b. DATE THEREOF

# FOR STATE HEALTH DEPT.

any delay is

"pending" in pencil in Item 18. Give Pages 1, 2, and 3 to ief Medical Examiner's Office alang with form PM3. Page

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

necessary, please execute the certificate, writing the ward

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health priar to burial, crematian, or removal, and in any event within 72 hours after death. 07290

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	072	69	
hetion:	Residence	hefore	admission

PLACE OF DEAT     O. COUNTY	TALBOT		MARYL	AND	o. STATE	E (Where deceased	l lived, if institut b. COU	NTY	e before o	-	n)
b. CITY OR TOW Write RURAL	N (If outside corporate limi and give nearest town)	ts,	c. LENGTH OF STAY IN	- U	c. CITY OR TOWN (I	outside corporote					
	SPITAL OR INSTITUTION (If n	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS	ENTON F	(U 2	_	e.	IS RESID	ENCE
MEMO	RIAL HOSP.		,							ON A FA	RM?
3. NAME OF DECEASED (Type or print)	WILL	irst I AM	RÖĞER		WR I GHT	4. DATE OF DEATH	MAY	th	2 <sup>Doy</sup>	Year	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		AGE (In years	IF UNDER 1		FUNDER	
MALE	NEGRO	WIDOWED	DIVORCED		EB.5,1	875	last birthday) yrs.	Months	Doys	Hours	Min.
	TION (Give kind of work done ing life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (SI		ntry)		ZEN OF V JNTRY?	VHAT	
13. FATHER'S NAMI	JOHN WESLE	EY WRI	GHT		14. MOTHER'S MAID DEMOR	EN NAME ETT HEN	RIETTA	BEL	L		
1S. WAS DECEASED (Yes, no, or unknow	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dotes	of service) 16. S	SOCIAL SECURITY NO.		ORMANT DSP. RE	CORDS 1	Addre		Ε		
PART I. C	ony, which gove	(o) <u>INT</u>			RUCTION					VAL BETV	
ADITO		SIA PR	IOR TO OF	PERA	TION-NO	OPERAT	ION PE	R F ORM	PE	AS AUTO ERFORME	PSY D? NO
	CONTRIBUTING	20b. DES	SCRIBE HOW INJURY OCC	,	ter noture of injury	in Port I or Port I	I of item 18.)				
20c. TIME OF Hour	INJURY Month, Day, Year o.m. p.m. 19	20d IN While ot work	Not While		OF INJURY (Home, , street, office bldg.,		(City or town)	(Cour	nty)	(S	Stote)
	tify that I taok charg sulted fram: Natur	of the rem			Homic		n , Inqu determined m	/	and i	n my c	piniar
ACTUAL SIGNATURE	Low	s Ul	Welly			MEDICAL EXAMINER			22.	DATES	SIGNED
EXAMINER'S NAME (Type)			WELTY		F O PEPUTY ME	DICAL EXAMINER treet, city, town, or			5-2	25-6	57
230 BURIAL, CREMA REMOVAL (Spe		TEREOF	23c. NAME OF CEMET		EMATORY PBZ	23d. 10C/	ATION (City or To	wn)  POLE	(County)	- 19th	ote)
24. FUNERAL DIRE		10 de	O De E	no k	DATE	AC.DZ. AGERIA	57 25 CH	GISTRAR'S SIG	GNATURE	ge.	

VR A15ME (5)

TO AN YAUSA RING THE RESERVE OF THE PARTY OF THE WANTED THE HOLFARE POLICE TO THE STORE OF HOLF A 123 HTS 244 H